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Original Article.

CONVALESCENCE: I. A CHRONOLOGICAL REVIEW, TO 1878.

BY JOHN BRYANT, M.D., BOSTON.

INTRODUCTION.

The general subject of Convalescence occupies a rather unique position. On the one hand, the early recognition of the importance of this transition stage between sickness and health is witnessed by the writings of Hippocrates and his successors; and appreciation of the necessity for giving organized consideration to the period of convalescence had already reached such a stage that in Paris both the Hotel Dieu and the Charité Hospital, in 1640 and 1650, made special provision for the care of convalescent patients. On the other hand, although there doubtless are in the literature numerous references to various aspects of convalescence under other titles, and although a French reference in 1877 by Brochin listed a bibliography of 136 titles, there were available previous to 1920 in both the Index Medicus and the Index of the Surgeon-General's Library, a total of only ninety-two articles listed under the general title of Convalescence.

This absence of any extensive literature seems accurately to mirror the chronic apathy of the medical profession with regard to serious interest in the subject of convalescence,—a lack of interest which is doubtless promoted by inadequate instruction in the subject at all medical schools. This lack of instruction is perhaps itself in part based upon the fact that the period of convalescence is not a subject well adapted to easy demonstration in the clinic or lecture room; obviously, where changes are demonstrable in weeks rather than in days or hours, there is nothing comparable for teaching purposes to the visibility of a broken leg, or the acoustic demonstration of the flatness of a lobar pneumonia as indicated by a slap on the back with the flat of a hand.

The total result of this lack of interest is that with the exception of a few shining examples such as the Burke Foundation, care of convalescent patients has for the most part been left to drift by itself without intensive medical supervision; in consequence, this is almost the only branch of medicine which has made minimal progress in the last fifty years or more.

It is now authoritatively stated that every city should provide beds for convalescent patients in the ratio of 1:10 acute hospital beds. All cities fall far below this estimate in their provision for convalescents, yet even such homes for this class as do exist are for the most part not used to capacity, and almost none are under the daily care of an interested and experienced physician. The result is that the funds of such institutions for convalescents as do exist are not used to best advantage; the patients either waste their own time or it is wasted for them and they are sent back to work in a condition of health

less good than they had a right to expect to find themselves in, at the conclusion of a definite period of care which should average about three weeks. Bridgman has proved that the average patient who has previously been sufficiently ill to require the average stay of 18-20 days in an acute hospital, has also been sufficiently ill to require an additional average period of three weeks of intelligent care during convalescence; not otherwise can this average patient be considered to have sufficiently recovered his health, to make it reasonably certain that he can successfully hold down a permanent job.

Not only is a lack of medical interest in convalescence noticeable in individual institutions, but such knowledge as has been accumulated is not passed on from generation to generation. Thus, although definite convalescent experience was acquired, for example, by England during the Crimean War, and by this country during the Civil War, practically all the nations engaged in the recent World War failed to profit by such previous experiences; this resulted in decreased efficiency of the war machines and necessarily increased wreckage of the individuals thus neglected. Running true to form, it appears that we are already in a fair way to forget what we have learned with regard to convalescence from our own most recent war experiences, before the next disaster arises.

One object of the present publication will have been accomplished in so far as it results in converting the prevailing attitude of passive neglect, into one of active, not to say, aggressive interest in the convalescent patient and chronic invalid. Such a change in the general viewpoint can be based only upon a widespread knowledge that more can be done than in the past has been done, upon how to do it, and upon the reasons why it should be done. That more can be done than has been done, will be shown hereafter; also, how it may be done, or at least some ways of doing it.

The reasons why it should be done, or the more obvious of them, will be clear to anyone who will consider the subject for even a moment. There are three points of view: that of the community, the hospital, and the individual patient.

To the community, the individual represents in varying degree and in accordance with his total value as a moral physical and economic efficiency unit, an asset, a cipher, or a potential or actual liability. Every working day lost interferes by just so much with the industrial efficiency of the community in which the sick man lives. The economic loss may be figured out at the end of a week or of a year, and should in some way be made good, either through previous earnings of the patient, or at the expense of some other person or organization.

The hospital point of view includes that of the social workers and the poor relief agencies. On the one hand, with every unnecessary day passed in hospital there is a double financial loss: the institution itself is put to unnecessary expense which must eventually be made good through additional requests for financial support from its benefactors; and the patient is deprived of just one additional day's wages which he would have earned if physically able to be back on his job again. On the other hand, if the patient is discharged too early in recovery, he again becomes an object of obligatory interest to the social worker and the relief agency, by whom arrangements must be made for the financial support of perhaps not only the patient but his dependants until such time as full working power is re-established in the patient; here again, the financial loss is double, since to the outlay by the relief agency must be added the loss in wages of the worker.

The individual patient has a point of view in no wise different from that of the community or the hospital except that it is necessarily more personal, for in this case also the problem of convalescence may be reduced to the common denominator of costs. Even in the distant past, Plato knew that the poor man had no time to be sick, and a century ago Robertson wrote that "for the feeble and disabled of our manufacturing population, poverty renders lingering sickness in every instance a heavy and often an irretrievable calamity." But in the case of the individual, precisely because the point of view is more personal, there is proportionately more mental suffering which may easily in its turn become a very real factor in delaying still further the actul convalescence of the patient.

From every point of view, therefore, there is but one conclusion. Putting aside all sentimental, moral, ethical or other considerations, it can be demonstrated that the active and intelligent care of convalescence will pay utilitarian dividends; in a word, the community which invests money in improving the care provided for its workers during convalescence, will earn regular and continuous returns no less certainly than if the same amount of money had been invested in government bonds. With even greater certainty such a community will be storing up treasures of another kind for itself, of immediate and increasing value, in the shape of the multiplying health, happiness and prosperity of its individual workers.

To facilitate to the greatest possible extent the dissemination of interest in any subject, easily available knowledge is necessary.

Information upon the subject of convalescence is, however, not easily available. On the contrary, it is for the most part rather well buried in old or foreign literature, or in hospital reports not widely known.

With the above facts in mind, the following review of the literature is presented. It is to be the first of a series of papers upon various aspects of convalescent work. It is hoped that

these papers may to some extent supply the available information upon the existence of which must depend a rational and effective growth of interest in a vital phase of modern preventive medicine.

1732-1800.

The Surgeon-General's Index gives only seven titles under "Convalescence," previous to the year 1800. Of these only one, the earliest, was available at the Boston Medical Library. This was a graduation thesis by Heylerus, published in Leipsic in 1732 under the title "*De Statu Convalescentia.*"

Heylerus gave a general review of various types of disease, and presented a list of drugs and foods which might aid in convalescence; his thesis was, however, mostly given over to abstracting the opinions of earlier authorities. Thus, Celsus advised rest after meals. Hippocrates was quoted frequently; among other things he advised moderation in exercise. Sydenham referred to the importance of hygiene. Seneca insisted upon peace of mind. Galen advised riding and travelling. Hoffmannus referred to the necessity for tranquil sleep in promoting a return to health. In addition, Calcedonius, Solon, Cato, Wedelius and various other early notables were quoted in what was essentially a summary of all knowledge which in the year 1732 might be brought to bear to improve the care of convalescence.

1800-1878.

The example set by Heylerus in writing a graduation thesis upon the subject of convalescence seems to have been followed extensively at the French Universities during the first half of the last century; at least, the majority of the titles in the Surgeon-General's Index under "Convalescence" dating from this period, are of this character. This seems to have been a symptom of the increasingly wide spread of interest in convalescence in these earlier years of the last century, for numerous articles upon the subject were written not only in France but in England and America. Two of the graduation theses will suffice to suggest the sympathetic attitude of the French toward the convalescent patient of the early nineteenth century.

Fourcade wrote in 1802, under the title "*Doit-on laisser les Convalescents avec les Malades?*" This is a question which is today no less fundamental although perhaps less obvious than at a time when the patients were more likely to die than live if they remained in hospital a single unnecessary day after the termination of the acute stage of disease. Fourcade appreciated the fact that "convalescents, who in their feebleness approach the condition of infants or the elderly, must have food appropriate for these persons." He also recognized that "food in its passage through the hospital halls acquires disagreeable odors in spite of all precautions," and that "for this reason alone the convalescents should be separated from the sick." He emphasized the necessity for moral as well as physical care, and stressed the value of light and air as aids to returning health. The necessity for light, he placed also upon the special basis of avoidance of the fears which might be engendered by remaining in darkness or in a darkened room. Games and amusements were highly recommended as promoting "the tranquil spirit necessary for recovery," and Fourcade firmly believed that "all causes tending toward fear or depression must be avoided or excluded in order to promote a favorable psychic state." He, therefore, logically concluded that "for every conceivable reason, the convalescents should be separated from the sick."

A few years later, Maret in 1834 wrote upon "*Considerations General Sur La Convalescence.*" He, too, mentioned the "capriciousness" of the appetite of the convalescent. In addition, he referred to the characteristic increased nervous irritability, the poor circulation and the muscular exhaustion progressing at times to a point where the "least movement causes pain and fatigue." The poor memory of the convalescent and the failure of the imagination were noted, as also the fact that an attempt to walk might result in such trembling as to make it impossible for the weakened patient to sustain his own body weight. In the way of treatment, fresh air and sunshine were considered absolutely necessary, but it was appreciated that "cold is the enemy of the nerves"; consequently the use of woolen clothing was advised. Also, he approved the use of simple but good food, and controlled exercise for the improvement of the muscular system. Maret further realized that drugs were seldom needed, that occupation was desirable, and that depression must be avoided; concluding, he emphasized the fact that fundamentally recovery depends upon the "regaining of moral and intellectual control over the body."

The undesirability of promiscuous drugging was recognized by Cook, writing in this country in 1833. Cook also well understood the fact that many convalescent patients were brought almost to a point of death or at least to the point of retardation of expected progress by well-meaning but over-officious friends. Leaving the undesirable ministrations of friends out of consideration, however, he was confident that improper bowel action was the fundamental cause of delayed convalescence. He realized that moderation in diet was necessary; if there were no appetite, he believed that food should not be forced since it merely resulted in "a heavy stomach, wind, sour fluid, griping, and looseness." Exercise, he held to be important, but knew it to be equally important that the exercise should not cause the patient actually to overdo. He intended, therefore, to hold the patient back from

exercise rather than to force him beyond his strength, saying that where health prevailed ambition and desire would soon enough return. The following observation by Cook concerning the use of opiates in insomnia will bear repetition. "Insomnia is due to too much appetite and too little exercise. It is a small inconvenience, which may be lightened very much not by yielding to impatience about it, but by giving over one's mind to thinking upon those important subjects which every man of sense ought to be glad of an undisturbed opportunity of considering."

In England at this period, various writers were alive to the importance of the care of convalescence,—as witness an article by Robertson in 1837. Robertson contrasted the differences in the average duration of life between the English operatives at Manchester and the savage races. He indicated that although the total duration of life was greater in English operatives, chronic illness was enormously higher for the Manchester operatives than for the savage races, about three-fourths of the population of Manchester requiring medical assistance of some form each year. Robertson then discussed the impossibility of producing real improvement in an operative chronically ill, without getting this operative away from unfavorable home conditions. He pointed out the large numbers of retreats for convalescents available for the wealthy, concluding with the following sentence:

"If then the opulent have, long since, discovered that a convalescent's retreat is good for them, will any venture to say that it is not equally good, and infinitely more necessary, for the feeble and disabled of our manufacturing population?"

After outlining the character of the Homes for Convalescents which he recommended, indicating that individual homes should have about one hundred beds, Robertson said it should be understood that no persons laboring under active forms of illness should on any account find admission. He then added the following:

"It has been suggested to me that such a retreat ought to be within six or eight miles of the town to which it belongs, rather than farther off: but there are many reasons why it should not be within a short distance, and why it ought to be on the sea coast. In the first place, it would require (supposing the town to be inland, and this I am all along supposing), the expensive purchase of a large space of ground, in order to secure to the convalescents sufficient room for exercise; whereas on the sea coast there is (with the most perfect change of air, and what is of importance to people from inland parts, complete novelty of scene), unbounded range without risk of trespassing on private property. In the next place, it is essential, in such an institution, that it be quite removed from the intrusion and frequent visits of the relations and friends of the convalescents."

Robertson offered the following reference to early French care of convalescents:

"In Howard's account of his inspection of the Hotel Dieu at Lyons, in 1775, allusion is made to two large upper rooms, airy and pleasant, named 'Chambres de Convalescence.' To these they remove patients that are recovering, and those whom I saw there said they were very refreshing. They came down from them at meals to a refectory or hall. These rooms soon complete the patient's recovery."

A graduation thesis written in 1844 by Vidard-Dupin, "*Du Régime Alimentaire Dans La Convalescence,*" shows the continuing French interest in the diet of the convalescent patient. This author stated most emphatically that "convalescence no less than disease belongs to the physician," especially with regard to the diet. The blood he recognized as the "moderator of the nervous system," and stated that the muscles "must be refreshed in order to cause a disappearance of the preponderance of the nervous system." He recognized that great care was necessary to avoid sudden death from too rapid eating after fasting. Vegetables he considered less efficient in appeasing the appetite than animal foods; he also believed they gave less strength. Among special dishes, he mentioned the use of gelatin, fresh butter, fresh cheeses and the starchy foods. Vidard-Dupin was aware of the undesirable effects of nervous anxiety and stated that it was the business of the physician (a) to produce in the patient a tranquil spirit, (b) to see that he avoided all excesses, and (c) to allow him whenever possible, any especially desired foods. As an appetizer he approved of taking a bath an hour before meals, following this with friction by dry flannel. In conclusion, the advice is given that in the treatment of the individual convalescent patient, age, sex, temperament, habits, climate, the seasons, and all other complications must be carefully considered.

The recognition of the existence of the problems of convalescents in the care of soldiers during wars is, doubtless, very ancient. MacLean, however, writing in 1867, leaves it a matter of record that active divisions of convalescents existed in the medical department of the British army during the Crimean War. Incidentally, it was MacLean who provided Da Costa with his nomenclature of "Irritable Heart." MacLean was the first to report the extensive occurrence of the "Irritable Heart" in soldiers. He stated that they were found "not only in the regular medical and surgical divisions, but also in the convalescents' divisions." His general observations upon the characteristics of these substandard soldiers are summarized in the following sentence: "the official nomenclature in use in the service has no heading under which to in-

clude what may be called the 'Irritable Heart' —that rapid tumultuous action so common among soldiers; and which, once established, is never got rid of so long as a man remains in the Army and wears the dress and accoutrements of the infantry soldier."

Da Costa, following MacLean's nomenclature, reported in 1872 upon his own Civil War cases of "Irritable Heart." He referred to his own use of classification for soldiers in groups according to various degrees of physical disability, and emphasized the necessity for giving more attention to the period of convalescence as a means of improving physical efficiency within the Army.

A few years later, Brochin (1877), again in France, reviewed the clinical and the historical aspects of convalescence interestingly and in detail in two long articles for the "*Dictionnaire Encyclopedique des Sciences Medicales.*" These articles are so comprehensive and the other literature upon convalescence is so scanty, that it has seemed desirable to abstract from Brochin at length in order that his work may be more accessible to students of Convalescence than as originally published in an old French Encyclopedia of Medicine.

"*Convalescent Hospitals.* — There were in Paris, in the seventeenth century, two hospitals for convalescents: the division of the Hotel Dieu, and that of the Charité. The convalescents' section of the Hotel Dieu was founded about 1640, and that of the Charité in 1650. The cause of the disappearance of these sections lies less in the disorders which increasingly augmented the number of convalescents at the Hotel Dieu than in the necessity which existed at the commencement of this century, of providing shelter for all the acutely sick. There were then in hospital, according to the calculations of Tenon, two-thirds acutely sick and one-third convalescent. It was, however, recognized that wards for convalescents were indispensable. A royal ordinance under date of 1781, concerning the military hospitals, indicated the reasons which in the preceding century had determined the creation of special hospitals for convalescents. It was said in this ordinance that 'to obviate the prolongation of convalescence, occasioned by the bad quality of the air breathed in the acute hospitals, there should be established in connection with the principal military hospitals, and above all in connection with those situated in cities where the air is particularly damp, hospitals for convalescents, which should be located either in neighboring towns or in the country.'

"In the hospitals which, after the plan of Tenon, were to replace the Hotel Dieu in Paris, the convalescents were to be placed on the ground floor, convenient to dry walks, warmed in winter, etc.

"The committee of the Academy of Sciences, reporting upon the hospital situation, expressed itself as follows: a hospital in which one proposes to cure people, should take care of its convalescent patients. The ground floor, sufficiently raised above the soil, should be especially reserved for convalescent patients,—an arrangement which will facilitate for them not only walking, but the exercise of their increasing strength in the open air, etc.

"Later, the general council occupied itself on several occasions, as in 1802, 1824, and 1838, with methods of protecting convalescent patients from the infected air in the regular wards; but for various reasons which would take too long to enumerate here, these projects never came to anything.

"In short, from the time of the closing of the convalescents' hospitals of the seventeenth century, the situation as it existed with regard to convalescents in the regular hospitals underwent not a single modification. The convalescents continued intermingled with the seriously ill patients,—a deplorable system of promiscuousness which had indeed claimed a sufficient number of victims, when in 1855 the Emperor Napoleon III, struck by these dangers, decreed the foundation of special hospitals for the care of convalescent patients of the working classes. The decree under date of March eighteenth which created or, rather, re-established, this mode of public assistance, stipulated among other things that these hospitals should be open to convalascents of the working class, especially to those who had been injured in the course of their daily work; also it stipulated that in the case of those qualified for admission to the hospitals, but yet desiring to remain at home, the right of admission could be converted into a monthly or annual grant.

"*Convalescent Hospital of Vincennes.*—The foundation stone of the Hospital of Vincennes was solemnly laid on the fourteenth of August, 1855, and on the thirty-first of August, 1857, two years later, the institution was opened.

"On the following twenty-eighth of October an imperial decree classified the hospital among the general charitable institutions, and placed it under the authority of the Minister of the Interior.

"The original plan provided for 460 convalescents, but the rapid development of the institution which, in 1861, had already received 7752 patients, produced a state of affairs which made necessary an increase in capacity. Additional wings were, therefore, constructed, which brought the total capacity of the institution to 522 beds for convalescents.

"The hospital, constructed opposite the Maison de Charenton, and located in the midst of about 40 acres of land set aside from the park of Vincennes, is composed of two long wings on either side of a central pavilion. Near the entrance, to right and left of the driveway, there are located in two lateral pavilions the quarters

of the personnel and administrative services. In the centre, along the axis of the main pavilion, are placed all the general services; the rooms and dormitories for convalescents occupy the ground floor and the two stories of the main wings and the pavilion.

"The hospital itself is surrounded by gardens, with pleasant views across an extensive and carefully planted park.

"The buildings themselves are laid out from east to west in such a way that the wings destined for living quarters are exposed to the sun at noon, with agreeable views across the gardens and the park.

"The individual rooms, arranged to contain three beds each, are located on the ground floor, above which are two stories reached by staircases situated at the ends of each wing. All the corridors for the rooms are on the north side and terminate in two wide staircases on either side of the central building. The living quarters are warmed by heaters which maintain an average temperature of from 60 to 65° F.; a ventilating system changes the air at will throughout the year in the bedrooms. The corridors are lighted with gas throughout the night, the rooms only until bed-time, at nine o'clock.

"The infirmary includes one 16-bed medical ward, two surgical wards of 16 beds each, and a ward for infectious diseases to care for five patients. Aside from this, there is on the ground floor a ward of eight beds for injured patients who cannot be otherwise cared for easily.

"The dining-rooms, high of ceiling, paved with asphalt, and lighted on both sides throughout their length with large windows, are furnished with fixed marble tables and carved oak chairs. The kitchen is placed between the two dining-rooms, with its supply rooms in a basement, the two connected by an inclined walk to facilitate the transit of supplies.

"The hospital is administered under the authority of the Minister of the Interior, by a responsible director assisted by a consulting commission of seven members, one or more of the members changing each year.

"The medical care is divided between two chiefs of service, each assisted by three interns. The interns live in the hospital.

"The infirmary is in charge of a Sister with three assistants. When necessary, a Sister is on duty at night.

"A bathroom, adequate for sixteen bathers, and a room for hydrotherapy are at the disposal of the medical service.

"A Sister is in charge of the drugs, under the supervision of the pharmacist of the Charenton Hospital. Prescriptions are limited to simple remedies.

"Every morning, excepting Sundays and holidays, the physicians make a ward visit at the hospital, accompanied by the interns, who inform them of developments since the previous day. The Sister in charge of the pharmacy examines the orders of the day and assures their carrying out.

"The interns alternate on duty throughout the twenty-four hours. They care for the ordinary medical needs of the patients; should there arise more serious necessity, they immediately inform their chiefs of service.

"*Rules for Admission.*—The hospital admits for the treatment of convalescence the following:

1—Those suffering injury or sickness resulting from their being engaged in public works in progress in the Department of the Seine;

2—Those belonging to mutual aid societies paying yearly retainers to the hospital to secure care during convalescence for their members;

3—Those working in industrial establishments the owners of which have contributed to the support of the hospital;

4—Those patients convalescent from hospitals in the Department of the Seine, or sent by charitable organizations.

"The hospital receives also, but on a pay basis, all other convalescents who do not fall into one of the four above groups; members belonging to mutual aid societies approved by the Department of the Seine are also received in the hospital.

"The price per day for those coming from industrial establishments as above, is seventy-five centimes.

"Those who do not fall into any of the above categories may be admitted at one franc per day.

"(When necessary, patients may have their charges reduced or are admitted free.)

"*Arrival of the Convalescents at the Hospital.*—Special conveyances collect the convalescents in Paris for transportation to the hospital, and return them to Paris on the completion of their stay. On arrival at the hospital, the intern on duty receives and examines the new patients, classifies them according to their condition, prescribes a routine and dispenses any urgent medication, should there be need of such previous to the next visit of the chief of service. If the chief of service should conclude that the convalescent patient is not strong enough to undergo the regular routine, he orders him to the infirmary.

"*Duration of Stay of the Patients.*—The length of stay of convalescent patients at the hospital is very variable. The usual duration is fixed at two weeks. After this length of time if the condition of the convalescent patient requires it the director can upon advice of the physician authorize the patient to remain in the hospital for a second two weeks; but at the end of this period, the director can obtain even fur-

ther extension of time should the physician judge it to be necessary.

"The average duration of stay is 21 days. The departure of the patients about to leave is announced on the evening previous to the day on which departure is effective. Those leaving are taken back to Paris.

"*Routine.*—The hours for meals have been in so far as possible fixed according to the habits of the workers; at 7 in the morning—soup; at 10 o'clock—the noon meal; and at 6 o'clock—dinner.

"It is perhaps of interest to mention a few details concerning clothing, sleeping, occupations, and the daily routine. Each convalescent at the time of his arrival is provided with special clothing composed in winter of a blue overcoat, with hat of the same material, a blouse and straw hat for the warm season, and a pair of sandals. The patients sleep upon iron beds provided with hair mattresses. Each convalescent has, in addition, the comfort of an armchair, and a clothes closet.

"The convalescents enter freely, stimulated by small cash compensations, into maintenance work, such as the repairing of clothing and furniture. They are also occupied in special departments of the hospital, in farming, in work upon the outside grounds, and in various of the services, such as the pharmacy, the room for surgical dressings, the kitchen, dining-rooms, laundry, etc.

"Various entertainments are authorized, for recreational purposes, and to occupy the spare time of the convalescents, a special room being set aside for these activities; they have as additional resources, walks in the park, among the flower gardens, under the shade of the trees in the formal gardens, etc.

"The convalescent patients are required to carry out a schedule only with regard to the hours of rising, ward visits of the physicians, baths, dressings, hours for meals, and any special work upon which they are engaged.

"Three times weekly, Sunday, Monday and Thursday, from 12 to 4, is the visiting hour for family and friends.

"In addition, the institution possesses a library, rooms for singing and for music, a large meeting hall, and even a theater which is used occasionally,—that is to say, whenever there are among the convalescent patients a sufficient number of persons who can take the necessary parts.

"A general report follows, covering the convalescent patients admitted to the institution and to the infirmaries since 1858, the first year in which the institution was in full running order.

"The published official medical reports show that in the period between 1857 and 1866, approximately 57,844 convalescents entered the hospital, 37,824 of whom were suffering with medical and 20,024 with surgical complaints.

"The most frequent medical complaints were as follows: Affections of the lungs, affections of the digestive apparatus, rheumatism, typhoid fever, smallpox, erysipelas, and accidents due to the use of toxic substances.

ADMISSIONS TO THE HOSPITAL.

Years	Medical	Surgical	Totals
1866...	6,937	3,557	10,149
1867...	6,956	3,991	10,817
1868...	7,280	4,360	11,640
1869...	7,359	4,503	11,855
1870...	5,970	2,742	8,712
1871...	1,482	1,007	2,589
1872...	3,819	2,517	6,355
1873...	4,951	4,004	8,955
1874...	5,186	3,452	8,638
1875...	4,810	3,549	8,338

ADMISSIONS TO THE INFIRMARIES.

	Galerie Dupuytren	Galerie Laennec	Totals
1866...			687
1867...			617
1868...			866
1869...	415	583	998
1870...	758	382	640
1871...	98	139	237
1872...	235	254	487
1873...	274	328	603
1874...	285	319	602
1875...	303	333	641

"On the surgical services, the most numerous cases were fractures, phlegmons, white swellings, eye complaints, and amputations.

"In the same period, with a total population of 57,844, there were 249 deaths, accounted for as follows:

Diseases of the lungs	61
Fevers	58
Diseases of the nervous system	46
Diseases of the circulation	24
Cachexias	16
Diseases of the digestive organs	10
Diseases of the joints	4
Diseases of the mouth	4
Diseases of the genito-urinary organs	2
Contagious Diseases	1
Contusions and Burns	1
Diseases of the eyes	1
Dropsy	1
Diseases of the skin	1
Epidemic diseases	1
Other Diseases	18

"*Convalescent Hospital of Vesinet.*—The hospital of Vesinet was built in conformity with the decree of March 8, 1855, and of August 11, 1859, to receive temporarily women of the working classes during convalescence. This hospital, constructed according to the plan of M. Laval, completed in 1859, was opened on September 29 of the same year. Situated toward the southwest corner of the Forest of Vesinet, in the commune de Croissy, this establishment is set in a park of approximately 90 acres, enclosed by walls. It consists of a large central building connecting with lateral wings by means of covered galleries. The central building contains on the ground floor the dining-rooms, and

on the first floor above, two work rooms separated by a chapel which occupies the central pavilion. The wings on the right side of the Court of Honor are three stories high and are used for the offices and quarters of the administration. The left wings are given over to quarters for convalescents. The individual wards contain from two to eleven beds, divided between the ground floor and the two upper floors. The total number of beds is 350, with in addition 50 beds for infants.

"These wings are provided with sanitary arrangements and hot and cold water.

"All the wards are heated with hot-air heaters, combined with a propulsion ventilating system for all seasons of the year, aided by a small vaporizing machine from which the exhaust steam is also used for the infirmaries and the baths.

"A vegetable garden, irrigated throughout its entire extent, is placed in the southwest corner of the park; between it and the main buildings is the dairy.

"The Hospital of Vesinet is administered under the authority of the Minister of the Interior, by a responsible director, assisted by a consulting commission.

"The personnel is composed of a director, an auditor, a chaplain, a physician, three interns, 15 hospital sisters, servants, etc. Convalescent working women residing in the Department of the Seine who are not sent through usual sources, such as hospitals, charitable organizations, and mutual aid societies, may be admitted on payment of a small daily charge.

"From the 8th of December, 1859, the day of the opening of the hospital, to January 1, 1866, there were received 22,504 convalescent women and 2263 infants.

"The average duration of stay at the hospital is 23 days. The admissions are highest during the months of August, September and October, and decrease markedly during the winter. Extensions of stay can be obtained by authorization of the Minister of the Interior, for convalescent women whose recovery is not completed. From 1859 to 1866 there were granted 1109 extensions of stay.

"The classes from which come the largest number of convalescents are: Domestics, dressmakers, washwomen, seamstresses, lady's shoemakers, and florists.

"The physician makes a daily visit at 8 o'clock. The medical reports show that the most frequent diseases causing admission are typhoid fever, phthisis, bronchitis, pneumonia, and rheumatism. Next in frequency come chlorosis and chloro-anaemia.

"One of the most numerous classes of patients is that of women following child-birth. They are sent in general from hospital services where they were delivered, about seven or eight days after delivery. A considerable number of these women come with their infants whom they nurse. If an absence of breast milk occurs, or if the mother is sick, or if for any other reason the infant cannot take the breast, there is available a nursery located near where the mothers sleep.

"All infants arriving at the hospital with their mothers are without exception vaccinated if this has not been previously done.

"The infirmary contains 20 beds, intended to care for: Mothers arriving at the hospital so early in convalescence as to require special care, so that for this reason they cannot carry out the regular routine; convalescents with surgical complaints necessitating particularly careful dressings; convalescents made worse during their stay at the hospital, either by intercurrent disease, or by a relapse, or by accidents not sufficiently dangerous to require return to the hospital from which they came in the city of Paris. These three classes of patients fall under the same régime and receive the same care as those in city hospital wards.

"Admissions to the infirmary between 1859 and 1866 were 11,096 out of a total of 22,504 convalescents. The average duration of stay at the hospital was 25 days. From the time of the opening of the hospital there have been 76 deaths out of a total of 22,504 convalescents, including those in the open wards and in the infirmary, due to the following causes:

Contagious diseases	18
Diseases of the lungs	15
Fevers	15
Cachexias	12
Diseases of the circulation	8
Diseases of the genito-urinary organs	2
Diseases of the digestion	1
Diseases of the nervous system	1
Other diseases	4

"Deaths among the infants accompanying their mothers to the hospital are very numerous. In 1861, of 296 infants, 54 died; in 1862, 26 of 267; in 1863, 33 of 332. Beginning with the year 1864 the number of deaths decreased; in this year there were only 18 out of 456 infants, and in 1865 there were only 30 out of 688.

"*Private Convalescent Hospitals.* — Private charities also maintain convalescent hospitals for the poor. There exists in Paris a society for the care of convalescent children, which is carried on by the Sisters of St. Vincent de Paul, where are received in the convalescent home (located in Sèvres) poor children recovering from disease; there are received here also convalescent adults."

At the conclusion of his historical review of the subject of convalescence, Brochin summarized the other efforts in France then being directed toward care of convalescents. Thus, there were in Paris five private homes for convalescents, aside from the homes designed to care for women immediately after child-birth; also, there were accessible to the city two homes for

the children of Paris, one for boys and one for girls.

At Lyon, there was in operation a public convalescents' hospital for men, called the Hospital of Sainte Eugenie. This establishment, founded through the initiative and munificence of the Empress Eugenie, who gave the sum of 200,000 francs for the purchase of the Chateau of Longehene, was opened in 1867. It was situated six kilometers from Lyon. On recommendation of the physicians, poor convalescent patients leaving the Hotel Dieu and the Red Cross hospital could be taken there, when they so desired, in order to complete their recovery. The hospital itself contained 100 beds. The patients here had not only the pleasure of walking through the extensive and beautiful grounds, but were allowed to engage, according to the limits of their strength, in farming and other outdoor work. Medical care was provided by one physician, assisted by two interns.

The women of Lyon, convalescent from serious illness, were less fortunate than the men, since at this time there was no similar institution available for them. Consequently such care during convalescence as they received had to be provided entirely by private charity.

Note.—Since the preparation of the above article for publication, the writer had the opportunity in early September of visiting both Vincennes and Vesinet, the two great institutions for convalescents for the men and women of the city of Paris, to which Brochin refers above. Surprising as it may seem, it was impossible from the literature to verify even the continued existence of these hospitals. They were unknown outside of Paris, yet they had been in continuous and successful operation throughout the 56 years since their opening, until the onset of the War in 1914. Then, as had happened to convalescents' hospitals in previous centuries in Paris, their 1000 beds were converted to military purposes for the care of the acutely sick.

Since the war, funds have not been adequate to maintain both institutions. Inevitably, the men suffer. Vincennes is still closed, although its early reopening is eagerly anticipated by physicians of the hospitals of Paris, who had been accustomed to depend upon it for the better care of their poor patients during convalescence. But the women's hospital at Vesinet has for over two years been functioning again as a civil hospital for convalescents.

On the day of my visit to Vesinet, 250 of its 350 beds had been made available in the gradual process of renovation necessitated by military occupation. All the beds available were filled. In addition, about 50 mothers with infants were being cared for in the nursery wing, sent there direct from city maternity hospitals.

The system of after-care does not stop here, and the French do not consider their responsibility ended on discharge of a patient from Vesinet, for at a city branch of this institution, otherwise homeless girls are received and cared for free for ten days, or until they are actually again placed at a new job. Here is in operation an example of intelligent municipal medical follow-up work which other cities less well provided for may well study with care.

The sensations experienced by the explorer who comes suddenly upon a lost city in the jungle can hardly exceed those experienced by the writer when coming suddenly upon the magnificent grounds and buildings provided with such admirable foresight by the French for their convalescent men and women at Vincennes and Vesinet, a complete equipment which for practical purposes has been lost to the world outside of Paris for more than a generation.

It seems almost incredible that Vincennes and Vesinet should so long have remained "lost." It is, however, a fact, and it demonstrates better than many words the present apathy of the world at large toward the subject of "Convalescence."

New England Hospital Association.

ANNUAL MEETING MAY 17 AND 18, 1922, AT BOSTON MEDICAL LIBRARY.

(Continued from page 637)

Thursday, May 18, 1922.

Meeting called to order at 10:25, by Dr. Howland.

DR. HOWLAND: I think it would be well if we could have the proceedings of these meetings published. It is not always possible for superintendents and others interested to attend and hear the papers. I think the papers have been exceptionally good so far, and I feel that it would be worth while to publish them, in an inexpensive way, if we are in a financial condition to do so.

On motion made and seconded, it was voted to publish the proceedings of the meetings.

DR. HOWLAND: I think this is a wise decision, because we probably will go on, and it seems a good thing to have a complete transcript of the business of the Association, and not wake up half a dozen years hence and regret that we have not a complete record. I think we can do it, in an inexpensive way, for distribution to all the members.

Dr. Washburn, the Chairman of the Legislative Committee, was called away. He had made an appointment with the Pennsylvania Hospital Association, which is being organized, to read a paper, not realizing that it came on the day of our convention. Dr. Sexton of the Hartford Hospital, Connecticut, will report for the Legislative Committee.

DR. SEXTON: I have to report that there has been no meeting of the committee. The Association was organized after all the legislatures of the different states had closed for the year. We have a session in Connecticut every other year, and have had no session since our organization. For that reason, there has not been a meeting of the Legislative Committee.

The Chairman then called for the report of the Membership Committee, Dr. Bresnahan, Chairman.

No report.

No report from the Committee on Constitution and Rules, Dr. Dowling, Chairman.

DR. HOWLAND: The next item is the reading of a paper on "The Hospital Laundry," by Dr. Harold W. Hersey, of the New Haven Hospital.

THE HOSPITAL LAUNDRY.

BY HAROLD W. HERSEY, M.D., SUPERINTENDENT OF THE NEW HAVEN HOSPITAL.

IN no department of the hospital is adequate equipment, efficient organization and standardized routine more essential than in the hospital laundry. The various wards must be supplied at regular intervals with clean, soft fabrics, free from pathogenic bacteria and disagreeable odors. To insure the delivery of this supply, the laundry must run with clock-like precision.

This result is only possible with an efficient manager, competent employees, coöperation among the employees, definitely assigned duties, adequate wage, modern machinery, and a well-organized and standardized routine for putting through the day's work.

With the equipment now furnished by the various companies manufacturing laundry machinery, it is possible for even the smaller hospitals to conduct a laundry on an economical basis, and as some hospitals are able to install new equipment or to plan for new laundries, we will start our discussion at that point.

In planning the laundry it is desirable to construct a building detached from the main hospital. Frequently, however, the hospital plot is too small or the plans for future development are such that this type of structure is impossible.

It should be borne in mind that laundry employees work in a super-heated atmosphere, permeated with steam and the odors of various chemicals, and that every effort should be made to overcome these conditions by providing for the circulation of pure air, and the removal of the foul air.

The building should be of fireproof construction with concrete, water-proofed floors, and so placed as to allow the maximum of sunlight at all hours of the day. For this purpose the factory type of construction with abundant windows is excellent. The rooms should be high studded, at least 15 feet in height, and if possible should be provided with a monitor type of roof or skylights.

The general arrangement of the laundry should be such that the work proceeds systematically, step by step, from one point to another, care being taken that at no point do these steps cross.

There should be an ample receiving and sorting room so arranged that if goods are brought in from an infectious or contagious patient they may be given a sterilizing wash before entering the laundry proper. The average sterilizing washer is so constructed that goods may be put in at one side, and when sterilization is completed at a pressure of 15 pounds for 30 minutes, removed at the other side or the receiving room proper.

It is well to have all goods checked on entering the laundry at this point, the results compared with the accompanying laundry slip and any discrepancies noted and reported.

The goods should, after being classified, proceed through the various steps with which you are all familiar, the washers, extractors, driers and tumblers, mangles, and so on.

In the receiving room the incoming goods should be examined and properly marked. It is well on issuing new linens to have the date of issuance marked on the fabric, as it is frequently desirable to ascertain the length of wear of such material.

In arranging the laundry it must be remembered that many cumbersome laundry trucks must pass and repass each other and ample floor space must be allowed for the workers and the necessary trucks and hampers. No plant can be efficient if crowded.

There are several very excellent washers on the market and the various manufacturers of laundry equipment maintain consulting engineers who will gladly advise upon the size and number of machines required for the present needs and future development of the hospital.

Over each machine and over each area from which heat or steam arises, a hood should be placed connected with an exhaust fan. The more modern equipment is operated by individual motors, thus effecting an economy when the machines are idle and eliminating the annoyance of belt-driven machines.

The William Wirt Winchester Hospital at West Haven, now leased by the Public Health Service and known as the U. S. Veterans Hospital, No. 41, is an example of the more recently constructed hospital laundry. This laundry is approximately 60 feet square and contains:

2 Cascade Washers
2 Extractors
1 Tumbler
1 Venturi Tumbler
1 Hurricane Dryroom
1 Flat Work Ironer (4 roll Hagen type)
1 Bosom Press
2 Cuff Presses

2 Garment Presses
1 Yoke Press
1 Collar Ironer
1 Neck Band Machine
1 Rotary Edger
1 Seam Dampener
1 Spray Dampener
1 Combination Table
1 Starch Cooker
1 Shaper (hot tube)
1 Collar Shaper

The power-driven machines are propelled by individual motors.

Between 450 and 500 patients are cared for besides the necessary hospital personnel. 101,919 pieces of laundry were handled last month and the laundry payroll contains 18 names.

The washing machines should not empty directly into the sewers but into suitable concrete drains in the floors. This allows the wash-man to see the color of the water as it is drawn from the machine and prevents an occasional piece of goods from being washed into the sewer. The floor drain should be provided with a suitable screen.

The washing of goods depends upon the rapid agitation in warm water and suds, in a revolving cylinder, so arranged that the goods are carried through the soapy water, permeated by this solution, lifted to the top of the cylinder and dropped forcibly into the water below. The machine then reverses its action and revolves an equal number of times in the opposite direction. It is claimed that the reversal of the cylinder helps the penetration of the washing fluids and keeps the goods from becoming badly tangled.

It is interesting to note that at several of the recent conferences of State Laundry Associations, the advantages of washing the goods in nets and so adjusting the machines that the reversing action is omitted, have been discussed. The claims made for this method are that it requires less time to complete the wash; that the nets prevent the clothes from becoming entangled, and that less power is required to carry the load in one direction than to stop and start in the opposite direction.

Many laundries are replacing the liquid soap formerly considered essential, by powdered soap, and if it is carefully measured and scattered over the cylinder with the proper proportion of soda, I believe it to be efficient. The advantages are the saving of steps, a more accurate knowledge of the amount of soap used, the elimination of one cause of a slippery floor with its dangers, and a small saving in steam.

In buying chipped soap those soaps in which the fatty acids are largely from tallow are the best for laundry use. Not more than 12 per cent. of moisture should be present. It is poor economy to buy water at the price of soap. The Laundry Owners National Association recommend the following procedure to obtain a rough estimate of the moisture content of soap:

"Weigh out on scales about five to ten pounds of soap from the center of a freshly opened barrel, and place the soap, spread out on a tray, in the dry room, and leave for several hours. Then let the soap cool to room temperature and at once weigh again. The first weight minus the last weight, divided by the first weight and multiplied by 100, is the percentage of moisture. Example: Weigh out 10 pounds of chipped soap. After drying it is found to weigh 8 pounds and 8 ounces, or 8½ pounds. Then: $10-8\frac{1}{2}\div 10\times 100=15.0$ per cent."

We all know that in the washing process we are aided by the action of alkali and a soap, but do we know why we use alkali in this process?

An alkali when dissolved in water gives a solution with the following properties:

1. A brackish taste.
2. A soapy feel.
3. It turns red litmus blue.
4. It neutralizes an acid.

Soap is a product formed by the reaction of any base such as sodium, potassium or ammonium, with a fat. The three alkalies mentioned are soluble in water and are therefore of interest in the laundry industry.

Experimentally it has been found that solutions of soda ash, borax and other common alkalies will not wash lamp black, rouge and similar substances through a filter paper.

Soap solutions will wash these substances through the filter paper. Any of the alkalies will increase the amount of lamp black washed through the paper, and from the above it is seen that alkalies, while not detergent, greatly increase the detergent powers of soap solutions.

The reasons for using an alkali in washing clothes are, therefore:

(1) to increase the detergent power of the soap.

(2) to neutralize the acid substances found in some dirts on soiled linen.

(3) to convert the greases present in soiled fabrics into soap and aid the detergent process.

(4) to prevent the formation of a certain per cent. of lime soap in hard water, which causes the goods to feel gritty and frequently covers them with a sticky substance, imparting a grayish cast to the fabric.

The most suitable alkali for all around purposes is sodium carbonate, Na_2CO_3, called soda ash.

An article by Dr. A. F. Shupp, Director of Chemical Engineering of the Laundry Owners National Association, appearing in the Laundry Journal of February, 1922, gives an interesting discussion of the action of soap and alkalies.

In washing it is customary to give a five minute breakdown in cold or lukewarm water

and soda to remove albuminous deposits, such as blood and perspiration and loose dirt. These albuminous deposits would be set by hot water. Tri-sodium phosphate is of value in removing blood stains.

In the different laundries different routine for washing may be found, dependent upon the type of goods to be washed and the amount they are soiled. Usually the cold rinse is followed by a hot suds bath for fifteen minutes in three inches of water, a hot water rinse in six inches of water, for fifteen minutes; a second bath in hot water, followed by a rinse, and in many cases bleach is used at this point when necessary, followed by the sour and sufficient rinsing. Neither too much water nor too much soap should be used. The clothes are more thoroughly cleansed in a shorter period in three inches of water than in six inches. In a 36"x64" washer, for example, thirty-three more gallons of water would be required when washing with eight inches of water than in washing with three inches of water, and three pounds more soap would be used.

From experiments carried on by the government, it appears that it is seldom necessary to employ a temperature higher than 140°F. maintained for ten to fifteen minutes to destroy pathogenic non-spore bearing bacteria. For example, the thermal death point of streptococcus was found to be 131°F., maintained for 10 minutes; micrococcus was found to be 140°F., maintained for 10 minutes; bacterium diphtheriae was found to be 140°F., maintained for 10 minutes; bacterium influenzae was found to be 140°F., maintained for 15 minutes. It was found that the effect of a temperature of 158°F., maintained for 5 minutes was the equivalent of 140°F., maintained for 30 minutes. Spore-bearing bacteria require boiling temperature for varying periods. It would seem, therefore, that as far as destroying the bacteria commonly encountered it is unnecessary to exceed a temperature of 180°F., which temperature will not injure fabrics.

To ensure the best results and allow standardization of work, each washing machine should be provided with an accurate thermometer, proper valves, and there should be a clock in a conspicuous place on the wall.

Many goods coming to the laundry are badly stained and require a bleach, and while it is not necessary to use a bleach as a routine, it should be used when necessary, and does little harm if used with consideration. The most common bleach is sodium hypochlorite or Javelle water.

After a thorough rinse a sour must be used to neutralize the alkali. Acetic acid is one of the best and the least harmful.

Time does not permit a further discussion of laundry procedure. It may be of interest to state that many of the tumblers are now provided with fresh air intakes, which impart a certain amount of freshness to the dried goods.

The body ironers are being replaced to a large extent by presses. For economical work these should be arranged tandem. A recent device now in use at the laundry of the Pennsylvania Hotel in New York, one of the largest hotel laundries in the country, and equipped to handle 20 tons of linen daily, is the Universal flat work folder, which may be attached to the regular roller ironer and used for folding flat work. The turbine-driven extractor is also of interest.

Accurate records of laundry output should be kept and not only the daily and weekly results noted, but the supplies consumed and the weekly expense should be analyzed. Some hospitals compute the earnings of the laundry in terms of the charges made by the commercial laundry, but this does not appear to be entirely satisfactory.

A careful laundry manager will find many ways in which economies may be effected. Goods should never be thrown on the floor as the fibers are easily injured by the wheels of laundry baskets passing over them, or by the heels of the employees. Leaks from water and steam pipes should be controlled. Sharp corners on baskets, broken hinges on washers and tumblers, and loose covers on the cylinders of the washers may subject the linens to damage of tearing, and should be speedily repaired. The strong arm washer should not be countenanced.

It is well to observe frequently the activities in parallel lines of work, as for example the activities of the men interested in the commercial laundries. These men are a keen and progressive group of business men, and are raising the laundry industry to a high standard of efficiency.

The following illustrations are given. In the majority of the states the laundry owners have formed the State Laundry Associations, which hold enthusiastic conventions. Anyone interested in the laundry industry is welcomed at these meetings.

There is also a Laundry Owners National Association with associate membership open to hospital representatives. This Association maintains an industrial fellowship at the Mellon Institute of Industrial Research, of the University of Pittsburg, in order to promote investigation of laundry problems. The Association now proposes the formation of an American Institute of Laundry Industry to provide a training for laundry managers, and to promote research in laundry problems.

There are several excellent publications dealing with the laundry, and these should be available to those in charge of hospital laundries.

In Massachusetts the laundry owners have interested the manufacturers of textiles in a cooperative movement to standardize fabrics and their manufacture. This movement is of interest to us for, should it accomplish its purpose, it will guarantee to a purchaser textiles of a standard quality, thus insuring a longer life for fabrics passing through the laundry.

I wish to acknowledge the assistance of the Hospital Library and Service Bureau of Chicago in the preparation of this paper. An extensive bibliography was furnished me by the secretary, and numerous articles on hospital laundries. I especially mention articles by Walter Trimble of Chicago. I would recommend to you for careful study a pamphlet published by the Laundry Owners National Association, called "A Manual of Standard Practice for the Power Laundry Washroom."

To summarize, it may be stated that the hospital laundry presents a problem whose satisfactory solution calls for efficient organization of the laundry personnel, standardization of labor, a definite schedule, accurate records, and efficient management, thus developing maximum results and minimum expenditure.

DR. HOWLAND: Dr. Hersey's most interesting and helpful paper is open for discussion. I am sure that no more practical paper could be presented than this on the subject of the Laundry.

Question: How do you handle the clothing of patients with contagious diseases?

DR. RICHARDSON: At the Providence Hospital we have never used a sterilizing washer, and I might say that, so far as we are able to ascertain, —and we have investigated a little,—no child has ever got a contagious disease from laundry sent back. Of course, if washing is done, as it is usually done in a commercial laundry, at a low temperature, say 40° or 50°, the chance of killing organisms is not great. While they might be got rid of mechanically, they will not be killed at that temperature. But as done in most hospital laundries, I think ordinary washing is sufficient. We experimented, putting clothes in a perforated receptacle in the centre of the laundry, and we found that those organisms, streptococcus, typhoid, and staphylococcus were practically all killed. We used from 30 to 60 minutes in washing, and most of the time the water was at a pretty high temperature. I also checked up the temperature of the water, and found that it averaged from 90° to 95°. I don't think it is necessary for any hospital to have a sterilizing machine. The objections are that they are more expensive; it is more work to do the washing in this manner, and the hot sterilizing water sets the stains in the clothes. I visited a good many hospital laundries, some of them contagious hospitals, and the linen was pretty black. It can't be avoided, if such high temperatures are maintained. Our linen is white, and compares favorably with any general hospital, because we do not use a sterilizing washer. This is of particular interest to small hospitals that can ill afford expensive sterilizing washing. From our own experience, I can confidently say that if the temperature of the water during the washing process is 90° or 95°, that for practical purposes is sufficient. The only danger is in handling the laundry from the time it leaves the ward until it is actually deposited in the wash. We have clothes chutes. There is a door in the wall in the middle of the ward, with a little contrivance with spring hinges, so that the door can be opened with the forearm; the hands don't have to touch it. The linen from the beds, or towels, or other articles, are thrown into this chute, and fall into a canvas bag at the bottom of the chute. The chute is lined with galvanized iron, which has been painted. A great many hospitals have spent a lot of money on very elaborate clothes chutes. I saw one in Chicago that cost as much as a small hospital, which I don't think is at all necessary. We have washed these clothes chutes for a certain distance,—what can be done from the door, and they are not foul. Very soiled pieces are washed before they are thrown into the chute. The laundryman collects these bags on an ordinary barrel truck. He wears a gown and a pair of washable gloves, and whenever he wants to open a door or pull the elevator rope, he slips off one of the gloves. The laundry is put in front of the washer. He takes it out of the bag and puts it into the wash box. Such pieces as colored pieces and blankets we throw into barrels. He then throws his gown and his gloves right into the washer and proceeds to wash in the usual manner. It isn't difficult to get any intelligent fellow to do it, and to do it carefully. The danger from laundry has been exaggerated, anyway. Of course, it is theoretically possible to spread disease in that way. In twelve years I think we have had one laundry-maid get scarlet fever; I think that is all we ever had.

DR. SEXTON: We have had a good deal of trouble in ventilating our laundry. When I first went there, we put in patent ventilators. Up to that time, they had depended on windows for ventilation. We put in a patent ventilator to every 500 feet of floor space, and tried it for a couple of years; but notwithstanding their guaranty that condensation would not form and fall back on the floor, it occurred with every one of those ventilators. Then we took those all out, and put in a central ventilator shaft in our wash-room and ironing-room, 10 feet square, going up through. In the wash-room we converted it into a skylight, which gave us additional light, and at the same time all the ventilation area that was necessary. In the ironing-room we had to go up through two additional floors, so that rendered the making of that particular ventilating shaft into a skylight impracticable. We find these shafts have solved our problem of ventilation. Our laundry employees suffered intensely prior to the installation of these shafts, but now they are very comfortable on the hottest days we have. An advantage of

this method over patent ventilation is that it can be built by any ordinary hospital.

MISS COLEMAN, Good Samaritan Hospital: We wash the household linen and other linen at different times. We use the same wash-room; but they are not put in together.

DR. BAKER: I suppose we are all interested in the expense of maintaining a hospital, and in keeping the running expenses down. One way is to avoid waste and to avoid destruction. Starting with the laundry, I suppose certain destruction is due to our buying poor material, poor linen. We are not careful enough in selecting linen that will stand the wear and tear. Sometimes I think we buy too good linen. For illustration, take the heavy cotton huckaback towel; the average nurse is certainly wasteful; the huckaback towel is unwieldy to handle, and she starts to use it, casts it aside and takes a lighter one; it is easier to wipe dry with a light, pliable towel than with a heavy one. That means more labor and expense. Another thing I have found that costs some money is in bleaching. If particles of free chlorine get on the clothes directly, it leaves holes. That means destruction of your fabric. This comes from not carefully stirring it up or dissolving it. Another very common way of destruction is by the strong arm, the man hauling clothes out of the washer. We ought to be careful, also, about the padding on the mangle. Sometimes the padding is put there, and not changed, and gets worn, and that often means tearing of the fabrics. Another saving that I have found is in the sewing machine. Many of us maintain just an ordinary Singer machine, run possibly by a motor, for repairing the clothing from the laundry. The Singer people put out a heavier machine, which is much faster, and has a darning attachment which is very rapid, and will darn holes of from three to five inches in less time than one can patch them. In this matter of saving, I should like to have more small points brought out.

DR. HERSEY: Part of the cause of holes in linen which are found at different times, has been discovered to be due to the medicine glasses and solution glasses, sometimes put on tables by the bedside. Sometimes antiseptic solutions and sterilizing solutions are used, and some of the acids in those solutions frequently get on to the bed, which makes a hole. Then the clothing goes to the laundry and gives way, and some of the damage done in the wards is credited to the laundry. Along the same line, it has been found that if the hinges of covers on washing machines are not kept tight, some of the clothes get through the opening in the covers, and are pulled as the laundry revolves around, and some holes are due to that cause.

MR. STEVENS: I should like to ask Dr. Hersey whether, in his opinion, the linen supply room and the clean linen room, where the linen is brought from the laundry, should work together, or whether that room might be one room, from which all linen should be issued—whether it should be direct from the laundry, or direct from the supply room?

DR. HERSEY: For the distribution of the laundry, it would seem to be better to have a separate room. In one hospital I know the linen is all marked by the number of the ward. The routine in that hospital is to send down the linen to be sorted, and then the same amount of linen as comes down from the ward is returned to the ward, and the ward itself checks out the linen. In many hospitals, another method of distribution is used. The linen comes from the ward without any special mark; this is checked up and upon receiving the checked laundry list the person who brought the linen down goes to the linen room, and is reimbursed with new linen, issued from the central supply room. This is more satisfactory; it insures quicker delivery and prevents the head nurse from borrowing from different wards linen to make up accounts.

DR. PORTER: Does Dr. Richardson find it necessary to have a metal body washer? or is a wooden body suitable?

DR. RICHARDSON: We had wood in the beginning, and changed more as a matter of economy. The cylinder is brass, which lasts almost indefinitely.

DR. PORTER: Where you have metal inside the body, is it entirely satisfactory to have the outside wood?

DR. RICHARDSON: We had a wooden washer put in in the beginning, but the wooden cylinders gave out frequently; so as a matter of economy, we put in brass cylinders.

DR. HOWLAND: We might well take a lesson from this paper on Laundries to see whether laundries are properly lighted. Mr. Hixon made it clear that we can't have good work unless workers can see what they are doing. There is a type of reflector painted white inside that you can put inside of a high-power nitrogen lamp, which can be concealed by a little reflector that clamps on to the under side of the lamp, and gives a perfectly surprising distribution of intense light. It costs a few dollars only.

One great source of loss is not the strong arm only in washing, but in packing the extractor. The man throws in the clothes haphazardly across the extractor, and then more on top, criss-cross. Articles should be rolled up into a small mass and packed in around the edges and toward the center, so that when they are taken out they are not in a snarl. At the Brigham Hospital, when a new man is put on to the extractors, he

is given instruction by the engineer. We don't always escape torn linen, however.

Dr. Richardson: We have had cones put inside the extractors so that the lines won't stretch across the side. I don't know whether it has done any good or not.

Dr. Howland: I should like to ask if anyone has found a marking ink that can be used to mark linen—by which I mean flax, not cotton—and will be permanent. We have a National Marking Machine, and we have used all the various inks, but we can't find anything that will stay in linen. We have to use silver ink and mark by hand. The ink stays black for a long time in cottons.

No reply.

Dr. Faxon: I should like to ask what results are obtained by those who use soap and water alone, and those who use soap and water and bleaches and the like. We have been trying for the last year, at the Massachusetts General, using nothing but soap and water on our clothes. Although I can't say that they are absolutely perfect, I think we get a reasonably good color, and certainly we don't incur the danger that comes with bleaches. Neither do we use any addition of soda.

Dr. Baker: Does Dr. Faxon mean soft soap?

Dr. Faxon: We make our own soft soap, using grease from the kitchen, and cooking it in the usual manner. We have the chemist test it occasionally, to see that the man who is doing it is not getting careless, and is following the formula.

Dr. Baker: Will soap take out blood? Isn't it almost necessary to use a soda wash in order to get results?

Dr. Faxon: After reading laundry pamphlets and talking with people, it seems as if we were doing something nobody else was doing; yet we seem to get satisfactory results. I think our linen is as good as could be expected. Of course, some clothes are stained.

Dr. Baker: Isn't that due to the fact that you add an excess of caustic in the soap solution?

Dr. Faxon: No; the soap tests out what would be called neutral soap.

Dr. Baker: It is contrary to all blood chemistry.

Dr. Faxon: I can't find anyone who thinks that it can be done. But the chemist makes an examination of the soap and reports a neutral soap, with no excess of alkali. The person in charge of the laundry has no soda, so that I know no soda is used, and there is no Javelle water in the laundry. Yet we have linen that we don't get complaints about. We use quite a number of rinses, but I think no more than the ordinary laundry is using.

Dr. Howland: At the Brigham Hospital, we have a similar practice, but I think our soft soap has a considerable amount of alkali in it. It seems to us that our linen wears very well. I saw recently some pillow-cases stamped 1916, though I see plenty of things with a more recent date. We don't think that a soft soap, made from laundry grease and sodium hydrate, with a considerable amount of alkali, is bad. It is economy to use your kitchen greases and to make your own soap. In many hospitals it can be arranged to have the soap tank connected by an ordinary pump which will deliver close to the tubs. It is no work to step to the pump close to the tub and pump out soap. I should say that our soft soap had something like 8 per cent. free alkali. The linen certainly is white. No bleaches are used.

Dr. Faxon: I believe a neutral soap is defined as containing a small amount of alkali, so that when you say "neutral soap," you have a leeway of several points.

Dr. Howland: Recently we have tested some hard soap for toilet purposes, and it showed about one-half of one per cent. alkali.

Dr. Baker: Is there anyone here who knows about the average life of the average piece of hospital linen, a sheet, pillow-case, or towel; how long should we expect it to live?

Ans. I think it depends on the actual use to which the linen is put. We expect to replace sheets after they have been in constant use three years.

(To be continued.)

Book Review.

Kurzer Leitfaden der Psychiatrie. By Dr.Ph. Jolly. 2nd Edition. Pp. 264. Bonn: A. Marcus and E. Webers. 1922.

This small volume on general and specific psychiatry follows in the main the Kraepelinian classification. It is sufficiently condensed to be of value for the student and general practitioner and states in a brief form the recent psychiatrical developments. The book is an excellent one for its purpose.

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CANCER WEEK.

ALTHOUGH medical records go back over six thousand years, the actual cause of cancer is as little known to-day as it was then, though cancer now exacts a toll of one person out of every ten of those over forty years of age. To prevent disease some knowledge of its cause is implied and of the cause of cancer we are still ignorant. As Americans we have been criticized for our apparent apathy and indifference to matters of health and disease. A large part of this attitude is due to ignorance; ignorance on the part of the public of the early symptoms of disease and of the fatal result which follows when these early symptoms are neglected, and ignorance on the part of the medical profession of the vital importance of early diagnosis and prompt treatment.

The recognition of the immensity of the cancer problem developed a demand for concentrated effort, it demanded organization, coöperation, the collection of accurate data in regard to this disease and the elimination of statistical errors. The American Society for the Control of Cancer has drawn upon the best resources of the country: physicians, laymen, hospitals and medical school facilities. It is organized with state, county and local committees which are engaged in fighting this disease by a campaign of education. In "Cancer Week" of 1921 it is estimated that ten million people were reached in one way or another with accurate and authorized information in regard to cancer. Such a campaign of health education had never before been attempted; but its success has encouraged the officers of the Society to undertake another "Cancer Week," which will come November 12-18, 1922.

During "Cancer Week" information in regard to cancer will be made available to everyone who may be interested, the signs and symptoms of early and curable cancer will be published, and on the least suspicion of these danger signals the layman is urged to consult immediately the medical advisor in whom he has confidence, his family physician. The medical profession must aid in this dissemination of information and, with this in view, literature dealing with the diagnosis and treatment of cancer in its different situations has been prepared together with numerous clinics, demonstrations and lectures on cancer in the hospitals all over the state.

Early cancer is curable. Late cancer, whether due to ignorance and neglect of the patient or of his physician, can never be cured. Careful and complete histories, and thorough and painstaking physical examinations by the physician first consulted, will help materially to wipe out the disease.

THE ANNUAL TUBERCULOSIS INSTITUTE FOR PHYSICIANS.

OCTOBER 5th and 6th, at the Massachusetts General Hospital, the Boston Tuberculosis Association held its second annual Tuberculosis Institute for Physicians. The first meeting last year was in the nature of an experiment. It proved so successful, however, and seemed to fill a much needed want that it was determined to make it an annual event.

Last year Dr. Lawrason Brown of Saranac Lake and Dr. James A. Miller of New York City, men of international prominence in the tuberculosis campaign, were the two speakers from outside of Boston and this year two men, equally well known, presented scholarly addresses. Dr. Allen K. Krause of Johns Hopkins Medical School, Baltimore, and Dr. H. R. M. Landis of Philadelphia represent all that is best in tuberculosis work.

In addition to this, Dr. Richard C. Cabot of Boston, discussing the "Relation between Physician and Patient in Tuberculosis Work," took up the human side of the subject which is too often neglected nowadays, particularly by the younger men in their search for pure science.

Dr. George B. Magrath, the medical examiner of the City of Boston, in picturesque but in an eminently practical and optimistic vein discussed the pathology of the disease.

Dr. Francis X. Mahoney, Health Commissioner of our city, described the problem from the point of view of the Health Department of the City of Boston.

Dr. Sumner Remick, chief of the Division of Tuberculosis, State House, gave a most valuable talk, illustrated with lantern slides, on the part played by Massachusetts in her care of tuberculosis.

Dr. Cleaveland Floyd discussed the laboratory aids in diagnosis, while Dr. William H. Smith and Dr. Oscar Richardson gave a most valuable and interesting talk on the pathological and clinical relations of the disease.

Dr. Randall Clifford described the work at the new Preventorium for children recently opened by the Boston Tuberculosis Association, and Dr. John B. Hawes, 2nd, and Dr. George Holmes repeated their exercise of last year on the inter-relations between x-ray and the clinical findings in tuberculosis.

A new feature of the Institute this year was a clinic at the North Reading State Sanatorium attended by over 100 physicians. Here after a most valuable address by Dr. E. O. Otis, President of the Massachusetts Tuberculosis League, on the diagnosis of tuberculosis, various well-known experts demonstrated actual patients to small groups of doctors.

In addition to the physicians who attended, there were many nurses and social workers. A welcome, pleasant and not unimportant feature of the Institute was the lunch held on the hospital grounds on the first day and at the North Reading State Sanatorium on the second day.

The Boston Tuberculosis Association feels that the five or six hundred dollars expended last year and again this year for this Institute is money which could not be spent for any better purpose. We agree with the Association in this. We feel that this method of instruction whereby the latest facts in diagnosis, treatment and the general handling of such a disease as tuberculosis are brought home to general practitioners —men who actually come in contact with consumption, particularly in its early stages— might well be applied to other conditions such as the infectious diseases of childhood, genito-urinary problems such as syphilis and gonorrhea, heart disease and others. The Boston Tuberculosis Association in opening its Preventorium for children and in instituting this form of concentrated instruction for physicians and nurses has done valuable work for the health and good of the City of Boston.

REHABILITATION. AN IMPORTANT MEETING.

Soon after the beginning of the war large numbers of men were invalided back from the front suffering from "Shell Shock." After the United States entered the war and began to train men in large numbers in the camps, it was found that many men were suffering from "Shell Shock" who had never been under fire or near a shell of any kind. Now it is recognized as never before that many men and women engaged in ordinary industrial life are "Shell Shocked."

In other words, whether there is or is not true "Shell Shock," there is no question but that a great number of individuals, taken away from their home environment and subjected to the strains of military or industrial life, break down under the new conditions to a greater or less extent.

One of the benefits which has resulted from the suffering caused by the war is the greater attention now paid to this class of individuals.

Among the soldiers who have done their bit and have broken under the strain, the problem is one of restoration to health. Among those who have broken down under the strain of industrial life the problem is similar. In the one case the Commonwealth compelled the sacrifice and therefore owes an unquestionable duty. In the other the force of circumstances, usually beyond his control, pushed the individual into a trap from which escape was difficult. The duty of the Commonwealth is not so imperative, but the public good calls not only for the restoration to usefulness of the individual who has suffered, but for the correction of the conditions which caused his fall.

In the solution of these great questions the medical profession must play an important part. The multiplicity of the problems to be met is indicated in the program arranged by Dr. Hilbert F. Day for the General Meeting to be held on the evening of November 22nd at the Boston Medical Library. Preventive Surgical Measures, the Medical and Mental Aspects, the Legal and Industrial Aspects, Occupational and Physiotherapy, and the Care of the Derelicts in our State Institutions are among the topics to be discussed in a series of ten-minute papers by a remarkably able and qualified group of speakers.

Those who wish to see improvement in our Industrial Accident Laws ought to hear what the Chairman of the Board and Mr. Joseph A. Parks have to say. Those who feel that the Commonwealth must do the best possible thing for its derelicts will welcome the suggestions of Dr. John H. Nichols, the head of the great State Hospital at Tewksbury. The presentation of those aspects which more intimately concern the practicing physician and surgeon cannot fail to be of interest to all.

We are face to face with a vast problem, the intricacies of which are just now becoming clear to the public. In the old days on the farm the subnormal individual found a useful place. In modern city life the place has not yet been found. Physicians must help to find it. A civili-

zation which permits the continued breakdown of so many of its citizens is seriously at fault. A large audience should hear the speakers and take part in the discussion. All physicians, whether or not members of the Suffolk District, will be welcomed.

DIPHTHERIA SEASON WITH US.

Diphtheria, a year round disease, is, however, much more prevalent during the autumn and early winter months. It has been hoped that with the discovery of antitoxin, which is a specific for the cure of this disease, that its morbidity and mortality will reach the lowest level. Unfortunately, it is not so. For the last decade there has hardly been a noticeable reduction in the number of cases of diphtheria in Boston, as well as throughout the United States, and even the mortality has not been as low as was to be expected.

Deaths from diphtheria are due to two causes: first, failure to call a physician until it is too late to administer proper treatment; second, failure of the physician in making the proper and prompt diagnosis and applying the proper treatment, namely, administering antitoxin and in large enough doses.

As for the first, the medical profession cannot be blamed, but there should be instituted a campaign of education among the laity urging the necessity of proper medical advice in all cases of sore throat, even of the slightest form.

As for the second cause, it is entirely up to the physician. All sore throats, or chronic discharges from noses, especially of the bleeding type, should be cultured and said cultures forwarded to a reliable bacteriological laboratory for a proper diagnosis. Typical clinical cases of diphtheria, or suspicious cases, should be treated immediately by the administration of liberal doses of antitoxin, 5000 units to be the minimum, but there should be no hesitancy in giving much larger doses, even as high as 50,000 units in severe cases, and the dosage repeated within twelve hours if the patient does not show marked improvement. Waiting for laboratory findings before the administration of antitoxin in such cases is absolute folly, if not criminal negligence. There is absolutely no harm in giving the patient who is not suffering from diphtheria, antitoxin, for the worst that may happen may be urticaria, which is temporary and harmless; but the failure in the administration of antitoxin, or even in the delay of its administration, may lead to very dire results.

Physicians are, therefore, urged to bear the following points in mind with regard to diphtheria:

1. Urge everybody to be Schick tested so as to determine if they are or are not susceptible to diphtheria.
2. See to it that all susceptible cases of diphtheria are immunized against the disease by means of toxin-antitoxin inoculations.
3. Culture of all inflamed throats or chronic discharging noses to rule out diphtheria.
4. All clinical or suspicious cases of diphtheria should be treated immediately with antitoxin in proper amounts.

Do not wait for laboratory report in such cases.

5. Immunize temporarily all possible susceptibles in the household where you have a case of diphtheria, by the administration of immunizing doses of antitoxin.

AN OUTRAGEOUS ADVERTISEMENT.

The manufacturers of a preparation under the trade name of Zonite have been carrying on an advertising campaign in the daily papers. This compound purports to be a perfected Carrel-Dakin Solution. In the advertisement the claim is made that practically all of the standard antiseptic drugs were comparatively useless as applied to war wounds and exaggerated statements are made of the impotence of surgery before the use of the Carrel-Dakin Solution. The claims made seem to ignore all of the other well-known and efficient means at our disposal for the prevention of the lethal effects of infections. For example, no credit is given to the antitetanic serum, but on the other hand, the advertisement sets forth that Zonite will not only overcome a very large proportion of all forms of sepsis, but may also be used in the treatment of colds, sore throat, diphtheria, pneumonia and the various germ infections.

This remedy is advertised especially for use by the laity, and it is common knowledge that the untrained person is not using good judgment in adopting advertised remedies. Whether this preparation is really a perfected form of the Carrel-Dakin Solution will be known in due time. Furthermore, the original Carrel-Dakin Solution proved beneficial only in certain types of infectious processes and only then when applied with intelligent regard for the principles enunciated by the discoverers. To follow out these principles a special technique was required without careful attention to which good results could not be expected. It would be absurd to suppose that an untrained layman could make intelligent use of such a remedy.

The claims made for this solution are extravagant beyond reason and therefore warrant condemnation. The public should be repeatedly informed that only physicians should be en-

trusted with the responsibility of recommending the treatment of medical and surgical diseases. If the owners believe that it has value it should have been submitted to expert study and thereby have secured its proper place among useful remedies. At present it is in the discredited category of proprietary preparations.

The most serious aspect of advertisements of this kind is that those who heed them and make use of the remedy may be lulled into a false sense of security until the infectious process for which the remedy was applied has advanced to a stage threatening life itself. Diphtheria is amenable to treatment only in the early stage; the same is often true of sepsis. False teaching in these matters, if accepted, must inevitably lead to needless loss of life.

THE INVASION OF MEDICAL PRACTICE BY ILLOGICAL THEORISTS.

Our sympathy goes out to our New Hampshire brethren because of the shrewd propaganda now being staged by the chiropractors. Under the heading "Instructive, Illuminating, Convincing" half-page advertising is appearing in local papers in our sister State, together with the picture of a handsome masculine person who is spoken of as "the most eloquent exponent of the principles of chiropractic in the world." He speaks of this system as the "Greatest Discovery of the Nineteenth Century."

Perhaps, after the custom of politicians, Abrams may challenge him to a joint debate to settle the question of greatness, for Abrams contends that he is the exponent of the greatest discovery—or the greatest fraud.

The literature of both of these men have some common attributes and seem to be copied, in style at least, from the methods of the circus side-show orators who descant on the marvelous freaks under the canvas. In New Hampshire they have the alluring influence of music in the stage setting.

An illustration of the benefit of chiropractic and the source of the original inspiration is said to have existed in the person of a man who heard a crack in his back which was immediately followed by deafness. Palmer adjusted a lump, heard it crack again and the patient regained his hearing. The lecturer claims that there are 15,000 practitioners in the United States and Canada, and the organization is the second largest health (*sic*) organization in the world and is recognized in 21 States.

Our sympathy for the neighboring State may be tinctured with fear of our own downfall, and it may be that New Hampshire is indulging in a sly chuckle over the success of Abrams in inducing practitioners in Boston to accept his theory, and apply his methods.

News Notes.

Roxbury Hospital.—The Roxbury Hospital at 87 Vernon street was reopened on October 9th. This hospital of fifty beds is one of the Salvation Army institutions. The care of patients has been turned over to Tufts College for teaching purposes and the staff consists of members of the teaching staff of Tufts Medical and Dental Schools. The clinics on Medicine and Surgery are held daily; in Gynecology: Monday, Wednesday and Friday; in Orthopedics, Pediatrics and Ear, Nose and Throat on Tuesday, Thursday and Saturday. The dental clinic is held daily. In addition to the ward beds, which are made use of for teaching purposes, there are a number of private and semi-private rooms.

Boston Men Present Papers before the New York Academy of Medicine.—On Oct. 17, 1922, Dr. Reginald Fitz read a paper before the Section of Medicine under the title "Clinical Observations on the Chemical Composition of the Bile," and on Oct. 20 Dr. James Warren Sever read a paper before the Section of Orthopedic Surgery under the title "Treatment of Obstetrical Paralysis."

Death Rate in Boston.—During the week ending October 28, 1922, the number of deaths reported was 223, against 191 last year, with a rate of 15.22. There were 36 deaths under one year of age, against 22 last year. The number of cases of principal reportable diseases were: Diphtheria, 52; scarlet fever, 28; measles, 41; whooping cough, 40; typhoid fever, 1; tuberculosis, 32. Included in the above, were the following cases of non-residents: Diphtheria, 4; scarlet fever, 8; whooping cough, 1; tuberculosis, 3. Total deaths from these diseases were: Diphtheria, 5; measles, 2; whooping cough, 5; tuberculosis, 13. Included in the above, were the following cases of non-residents: Tuberculosis, 2.

Dr. James J. Putnam has moved his office to 494 Washington Street, Dedham.

Bristol South District Medical Society.—The semi-annual meeting was held at Odd Fellows' Hall, 141 Rock Street, Fall River, on Thursday, November 2, 1922, at 5 P. M. Reader, Dr. Frank H. Lahey of Boston. Subject, "Clinical Notes on the Diagnosis and Treatment of Gall-Bladder Disease."

Alvarenga Prize of the College of Physicians of Philadelphia.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about three hundred dollars, will be made on July 14,

1923, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered.

Essays intended for competition may be upon any subject in Medicine, but cannot have been published. They must be typewritten, and if written in a language other than English should be accompanied by an English translation, and must be received by the Secretary of the College on or before May 1, 1923.

Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author.

It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College; other essays will be returned upon application within three months after the award.

NOTES FROM "SCIENCE." — *Science* reports that Dr. Hugh S. Cumming, surgeon general of the United States Public Health Service, sailed on October 5 for Europe to spend two weeks inspecting the government's sanitary stations abroad. While in France, General Cumming will also attend the convention at Paris which is to revise the international sanitary treaty of Rome, where he will present several amendments concerning international measures against typhus, the plague and cholera. He will attend, in addition, the meeting in Paris of the hygiene unit of the League of Nations.

DR. DAVID STARR JORDAN has sailed for Japan. He expects to return to Stanford University in December.

THE LAWRENCE MEDICAL CLUB.—The monthly meeting of the club, which was also the annual meeting, was held on Monday evening, October 23, with Dr. Merrill, at Y. M. C. A. Hall. Chairman for the evening was Dr. Murphy. Subject: "Recent Advances in Diagnosis and Treatment of Heart Disorders," by Dr. Burton Hamilton of Boston.

THE AMERICAN RED CROSS — BOSTON METROPOLITAN CHAPTER — SIXTH ANNUAL ROLL CALL.

On the basis of an essential peace-time service not duplicated by any other social agency, the Boston Metropolitan Chapter of the American Red Cross will seek to re-enlist, on Red Cross Sunday, November 12th, the 300,000 members who supported the organization during the war. Administration has been adjusted to the minimum of efficiency. Every department has been carefully studied, every unnecessary function eliminated.

The main issue of last year's Roll Call—the disabled veteran—is again the main issue of this one. Its importance has merely increased. The peak of the veteran's disability is not yet in sight. Acting, in a sense, as his attorney, the Chapter helps to establish his claim upon the Government. During the process, which is usually involved and always lengthy, the Chapter provides for him and his family a constructive, human and neighborly service that the Government is not equipped to render. This year an average of 1,351 such families was assisted monthly. The war is by no means over for the men who fought it.

Other functions of the Chapter are but relatively less important.

Draft figures, showing 50% of the men examined unfit for duty, made a startling "Stop, Look and Listen" sign on the national highway. The Red Cross heeded the sign. As one of its prime activities in time of peace, it is promoting health through educational and preventive work; assisting communities to establish and maintain health centers, with clinics for infants, children and adults; conducting classes in home hygiene and care of the sick, and life saving. This year 266 persons took first aid instructions; 1180 enrolled in hygiene classes; 204 passed life saving tests.

Through the Volunteer Motor Corps the Red Cross serves those who are ill and in need of transportation to the hospital clinic. Victims of infantile paralysis, children and adults needing hospital care, but not able to travel in street cars or pay for transportation, are conveyed regularly for treatment. More than 5000 invalid soldiers, old people and infantile paralysis patients were transported this year, 35,000 miles being covered in this work. The Chapter also maintains an ambulance, driven by volunteers. This year it responded to 1372 calls.

Volunteers prepared for the Chapter 94 manuscripts, containing more than 4400 pages in Braille—a system of raised letters for the blind. These are sent to the Library of Congress, where they are bound into volumes, and thence to the Evergreen School for the Blind, at Baltimore, for the instruction of the ex-service men.

The Production Department shipped 64,406 garments to refugees overseas. More than 1,157,000 garments have been shipped overseas since August, 1914.

About 70,000 toys, articles of clothing, scrap books and the like were sent to European children by the 130,000 members of the Chapter's Junior Red Cross—not as a charity, incidentally, but as a friendly exchange, for many beautiful and curious gifts, made by the children abroad, were returned. This service is organized through the schools—public, private, parochial—300 of them. Forty-two of these schools are corresponding, via the organization, with schools in

19 foreign countries. The motto of the Juniors is "I Serve." And they do—the ill and handicapped at home as well as their fellows abroad. Who can tell how far-reaching in the promotion of that international understanding and good fellowship—which can alone prevent future wars—this movement to make comrades of the world's children may prove to be?

How many people in New England realize that the Boston Metropolitan Chapter maintains a fully equipped Disaster and Canteen Service, ready for immediate action, with a 100-bed hospital, medical and nursing corps, in the event of a calamity too great for the municipal authorities to handle.

The Chapter has its fingers on the pulse not only of the community, but of a suffering world. It is a mistake to regard the Red Cross as merely a battlefield organization. The disabled veteran, the disaster-stricken, the sick, "the lame, halt and blind," the children of devastated Europe and the children of America, who would like to be shown how to help them—all need "mothering in peace as well as in war." "The Greatest Mother in The World" is a full-time mother—always alert, ready to serve and continuously on her job.

AN EMERGENT APPEAL FOR GARMENTS.

The American Red Cross is launched upon another great international emergency relief operation.

Driven from Asia Minor by the fortunes of war, some half-million refugees have fled for safety to the shores of Southern Europe and the Aegean Islands. They are penniless, homeless, terror-stricken.

The obligation of the Red Cross to meet this crisis brings to members and Chapters a new opportunity for practical service.

Large quantities of garments are needed, which must be prepared with all possible speed; the same type of garments which the Chapters produced for women and children both during and since the war; warm, simple, serviceable clothing, new and second-hand; warm stockings and strong low-heeled shoes. The clothing, if not new, should be cleaned and mended before sending, and the shoes should be in good repair and *tied together in pairs.*

REPORT OF THE DELEGATION OF THE MASSACHUSETTS MEDICAL SOCIETY TO THE ANNUAL MEETING OF THE VERMONT STATE MEDICAL SOCIETY.

Pittsfield, Mass., October 18, 1922.

To Dr. Walter L. Burrage, Secretary of the Massachusetts Medical Society:

In response to the honor conferred upon me by the Massachusetts Medical Society in appointing me a delegate to the 109th annual meeting of the Vermont State Medical Society, I beg to say that I attended that meeting in Burlington, Vermont, on October 12, 1922. In the evening previous, President Sears of the Vermont Society held a well-attended reception at the City Club. At the annual meeting all the reports of officers and committees were immediately referred to the House of Delegates, as that body has power to take all actions in regard to such reports; so that the annual meeting really transacts no business except through the House of Delegates, which is similar to our Council meetings, although with a very much smaller membership in proportion to the membership of the Society. The secretary had prepared a printed bulletin giving all those reports in full, and these were distributed to the members.

Before the scientific papers were begun the president called upon the visiting delegates. Two of these spoke highly in favor of a group meeting of the New England states. Your delegates were then called upon, and, being the senior, I placed before the meeting the question of the advisability of a large annual meeting including all the state societies. I also suggested that the New England special societies, such as the New England Tuberculosis Society, New England Public Health Society, New England Surgical Society, and similar bodies, should be invited to join in this movement. I suggested that each state society should appoint a committee to meet similar committees from the other states, and possibly similar committees from the special societies, to meet at some central point and discuss the feasibility of such a meeting; suggesting at the same time that it might be a good plan if all the special societies should arrange to hold their annual meetings at the same place and time, and that a House of Delegates should be created with perhaps two or three delegates from each of the special societies and from each of the state societies, and that this House of Delegates should appoint committees for special subjects, such as legislative work, organization work, and educational department. It was suggested that each specialty might hold its sectional meetings and that there should be a few large general meetings. These suggestions were made in order to give the members some idea of the general plan of the meeting, but it was explained that the various committees, when they met, would make the definite plans for the meeting. The whole suggestion was very favorably received by the members, and I was assured by several of them that Vermont would be very glad to take part in such a meeting.

Your other delegate, Dr. Sawyer, added materially to the arguments in favor of such a meeting and talked with many of the members relative to it.

Following this discussion the Society held a scientific session lasting throughout the morn-

ing, and another one in the afternoon, with a meeting of the House of Delegates late in the afternoon. The secretary of the Vermont Society spoke of the great value of interchanging delegates among the state societies and said that it was a custom very much worth while.

I sincerely thank the Society for the honor of representing them as their delegate to the Vermont meeting, and respectfully submit the above report.

A. P. MERRILL.

JOINT MEETING OF THE FOUR WESTERN DISTRICTS.

This meeting was held at the Kimball in Springfield on Thursday afternoon, October 19, 1922. There were about 90 representatives of Hampden, Hampshire, Franklin and Berkshire districts present. Dr. G. L. Gabler of Holyoke, president of the Hampden District, presided. Dr. A. P. Merrill reported for the committee of arrangements and called attention to the proposed annual meeting in Pittsfield. The importance of this change in location was emphasized and the fact brought out that the last annual meeting outside of Boston was in 1878. The organization to arrange for a similar meeting next year was provided for by the election of Dr. A. P. Merrill of Pittsfield, chairman, and H. L. Smith of Springfield, secretary, after recommendation of a nominating committee consisting of Drs. M. M. Brown, M. S. Eisner and Charles Moline.

The announcement was made that Professor S. Burt Wolbach would speak before the Hampden County Medical Society at the November meeting.

Dr. John W. Bartol, president of the Massachusetts Medical Society, was the first speaker. He discussed some of the problems relating to the growth and efficiency of the Society and spoke enthusiastically of the evidence of growing interest in and loyalty to the Society. He felt that the annual meeting of next year in Pittsfield will add to the general usefulness of the Society and assured the members that there would be a large delegation from the eastern part of the state. In reference to the desire to hold the Council meetings outside of Boston, he said that the response to a questionnaire sent to the 18 districts did not thus far indicate a strong desire for this change.

Dr. William H. Robey read an interesting paper on "Observation in Cardiac Diseases." He spoke of the prevailing custom of presenting papers on some features of research work, but he felt that a consideration of some of the interesting phases of an important disease was opportune. In considering the problems often met he strengthened his arguments by reference to his own experiences in treating patients under his care. When the paper appears in print practitioners will find much of interest and can apply the suggestions presented with profit.

Mr. Henry L. Shattuck, a member of the Legislature and the Massachusetts bar, told of some legislative experiences. He referred to the failure of the Legislature to enact a bill relating to the tuberculin test on cattle, with the explanation that the expense involved was regarded as out of proportion to the anticipated results, and also because of the report that several cattle that had reacted to the tuberculin test were found, after being slaughtered, not diseased. He explained that the midwife bill was rejected because the educational requirements did not seem sufficient to warrant a feeling of security for the mothers to be cared for by these practitioners. He then gave a clear and logical analysis of the features of the Sheppard-Towner law and expressed the feeling that it is unconstitutional and would be especially unjust in its application to Massachusetts and several other states.

Dr. W. P. Bowers explained the situation relating to the proposed joint meetings of the several New England state societies. The interest shown seemed to indicate that such meetings have value and it is the wish of the constituent societies that this custom shall be continued.

PLANS FOR CREATING A PERMANENT AND ASSOCIATE STAFF FOR THE NEW ENGLAND DEACONESS HOSPITAL IN BOSTON.

At the regular meeting of the Board of Managers, duly called and held in Committee Room "A" at the Wesleyan Building on March 21, 1922, the following recommendation was made:—

"The Hospital Committee at a meeting held March 20th voted to recommend through the Board of Managers to the Executive Committee the creation of a Hospital Staff. By unanimous vote of the Board of Managers this recommendation was adopted."

This was then brought to the meeting of the Executive Committee, held on Wednesday, March 22, 1922, and the following vote taken:—

"*Voted:* That the recommendations of the Hospital Committee through the Board of Managers that a Hospital Staff be created, be adopted."

After this action had been taken by both the Board of Managers and the Executive Committee it went back to the Hospital Committee for definite action, and at their regular meeting the following month a Special Committee was appointed by the Chairman to formulate some

definite plan for the establishment of a Hospital Staff as recommended. This Committee was made up as follows: Mr. William T. Rich, Chairman; Mr. E. C. Linn, Mrs. H. C. Gallagher, Mrs. Emma H. Watkins, Mrs. F. A. Patterson, the Superintendent, Miss Betts, the Executive Officer, Mr. C. W. Williams.

During the following months considerable attention was given by the Special Committee to the formation of such a Staff, with the result that from the twenty or more doctors practising in the Hospital, four were selected as definitely recommended by the Superintendent, Miss Betts, and her assistants. These were as follows: Daniel F. Jones, M.D., 195 Beacon Street; Elliot P. Joslin, M.D., 81 Bay State Road; Frank H. Lahey, M.D., 638 Beacon Street; F. Gorham Brigham, M.D., 35 Bay State Road.

At the meeting held in the General Office Committee Room by the Special Committee to consider the recommendation of a Permanent Staff every member as above named was present and also, by invitation, the four doctors to be considered for the Permanent Staff. The purpose of establishing a Staff was carefully outlined, and the spirit in which our work in the Deaconess Hospital is done, was fully discussed by the Chairman, Mr. Rich. All of this was unanimously approved by the Committee and the four doctors.

It was then unanimously voted by the Special Committee to present to the Hospital Committee the names of Doctors Jones, Joslin, Lahey and Brigham as being by them selected to form the Permanent Staff of the New England Deaconess Hospital for one year, their duties to commence January 1, 1923. It was also voted to recommend that an Associate Staff be created, this to consist of as many of those now practising in the Hospital as may desire to be on such a Staff and possibly others who may be definitely recommended later.

This action has been taken after months of consideration and from the fact that our increased bed capacity, when the new building is put into use, will demand the standardizing of our institution and the creating of a Staff to meet the requirements of the College of Surgeons. It is a source of great pleasure to the Committee that the four men selected to form our Permanent Staff are all well known to them, two having been with our Hospital almost from its beginning on Massachusetts Avenue. The other two men have a very high standing in their profession and have for several years been serving in our Hospital. The Committee feels that the future of the Hospital will be assured in the leadership of these four men and those who may be associated with them on the Associate Staff.

The above recommendations were unanimously adopted by the Hospital Committee at their meeting on October 17, 1922, and approved at the regular meeting of the Board of Managers on the same date.

LIST OF DOCTORS INVITED TO BECOME MEMBERS OF THE ASSOCIATE STAFF.

Z. B. Adams, 166 Newbury Street; Arthur Allen, 99 Commonwealth Avenue; Freeman Allen, 200 Beacon Street; Franklin Balch, 279 Clarendon Street; Wm. B. Breed, 402 Marlboro Street; G. W. W. Brewster, 213 Beacon Street; Alice G. Bryant, 502 Beacon Street; Wm. E. Chenery, 377 Commonwealth Avenue; George Clymer, 126 Bay State Road; Robert Cochrane, 86 Bay State Road; H. H. Crabtree, 205 Beacon Street; Arthur A. Cushing, 109 Sewall Avenue; Jas. M. Gallison, 520 Commonwealth Avenue; F. E. Garland, 483 Beacon Street; Harry W. Goodall, 205 Beacon Street; Horace Gray, 32 Fenway; D. Crosby Greene, 23 Bay State Road; Chas. Hare, 483 Beacon Street; E. W. Herman, 23 Bay State Road; A. A. Hornor, 86 Bay State Road; Joshua C. Hubbard, 86 Bay State Road; Henry T. Hutchins, 520 Commonwealth Avenue; Sarah M. Jordan, 638 Beacon Street; Walter Lane, 173 School Street; Chas. Lawrence, 520 Commonwealth Avenue; Geo. A. Leland, Jr., 144 Commonwealth Avenue; H. B. Loder, 520 Commonwealth Avenue; F. B. Lund, 527 Beacon Street; S. F. McKeen, 556 Cambridge Street, Allston; Richard Miller, 402 Marlboro Street; L. B. Morrison, 370 Marlboro Street; Frank Pemberton, 198 Beacon Street; B. H. Ragle, 226 Marlboro Street; Mark Rogers, 483 Beacon Street; Chas. L. Scudder, 144 Commonwealth Avenue; Lincoln Sise, 638 Beacon Street; Geo. G. Smith, 352 Marlboro Street; P. Somers Smyth, 270 Commonwealth Avenue; James S. Stone, 286 Marlboro Street; Louisa Paine Tingley, 9 Massachusetts Avenue; R. S. Titus, 35 Bay State Road; George Tobey, 416 Marlboro Street; Harold Tobey, 416 Marlboro Street; Richard G. Wadsworth, 520 Commonwealth Avenue; Irving J. Walker, 520 Commonwealth Avenue; Franklin W. White, 322 Marlboro Street; Ernest B. Young, 434 Marlboro Street.

BOYLSTON MEDICAL PRIZES.

These prizes, which are open to public competition, are offered for the best dissertation on questions in medical science proposed by the Boylston Medical Committee.

At the annual meeting held in Boston in 1920 a prize of three hundred dollars was awarded to an essay entitled, "Acute Inflammation of the Nose, Pharynx and Tonsils," by Mr. Stuart Mudd of St. Louis.

For 1922 there is offered a prize of five hundred dollars and the Boylston Prize Medal, for the best dissertation on the results of original research in medicine, the subject to be chosen by

the writer. The Boylston Prize Medal will be added to the money prize only in case the winning essay shows special originality in the investigations detailed.

Dissertations entered for this prize must be in the hands of the Secretary, Reid Hunt, M.D., Harvard Medical School, Boston, Mass., on or before February 1, 1923.

In awarding these prizes, preference will be given to dissertations which exhibit original work, but if no dissertation is considered worthy of a prize, the award may be withheld.

Each dissertation must bear, in place of the author's name, some sentence or device, and must be accompanied by a sealed packet, bearing the same sentence or device, and containing the author's name and residence within.

Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.

Dissertations must be printed or typewritten, and their pages must be bound in book form.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

1. That the Board does not consider itself as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
2. That, in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

The Boylston Medical Committee is appointed by the President and Fellows of Harvard College, and conists of the following physicians:

Reid Hunt, M.D., Secretary; William T. Porter, M.D., Henry A. Christian, M.D., John Warren, M.D.

The address of the Secretary of the Boylston Medical Committee is Reid Hunt, M.D., Harvard Medical School, Boston, Mass.

EIGHTH ANNUAL REPORT OF THE PETER BENT BRIGHAM HOSPITAL.

The report of the Peter Bent Brigham Hospital for the year 1921 is rather more interesting than the usual run of hospital reports. This is due to the fact that the report is used by the Superintendent and the Chiefs of the Surgical and Medical Services not simply as a vehicle for a few stereotyped remarks, but as a medium for the discussion of some of their problems. One is agreeably impressed by the ungrudging manner in which all of the writers express themselves in regard to the work of their respective staffs. One is led to infer that the spirit of the hospital is decidedly one of co-operation and mutual support. Dr. Cushing, in his report as Surgeon-in-Chief, objects to the publication in hospital reports of long lists of operations. He suggests that it would be much more valuable if each year the leading hospitals would publish only the statistics of a certain phase of surgery, giving not only the number of operations and deaths, but including end-results as well. In this way, every year some surgical problem would be brought up to date.

Dr. Christian's report brings out the fact that although the cost of labor, of nursing, and of food, has increased very markedly since the opening of the hospital, the salaries of the medical staff have been increased very little. More patients have been cared for, but the increase in medical personnel has not kept up with the demand for their services. He refers to the loss of Dr. Francis Peabody, who resigned as Physician of the Peter Bent Brigham Hospital to become a Visiting Physician to the Boston City Hospital, and speaks of him in the highest terms as investigator, clinician, and colleague.

There are the usual figures dealing with the number of patients treated and with the cost of their care. These figures seemed rather more intelligently arranged than in the average report. They seemed to illustrate some point more clearly. Four thousand three hundred and fifteen patients were admitted to the Hospital in 1921, and there were 15,414 new patients treated in the Out-door Department. The daily per capita cost of ward patients was $5.82; the cost per visit of out-door patients was 58 cents.

Mr. George Gask, Professor of Surgery at London University and Surgeon to St. Bartholomew's Hospital, took charge of the Surgical Service for two weeks.

The Trustees regretfully report the death of Mr. Walter Hunnewell, a Charter Member of the Corporation.

APPOINTMENT OF DR. RANSOM A. GREENE.

Dr. Ransom A. Greene has been appointed Superintendent of the Taunton State Hospital. Dr. Greene was assistant to the Commissioner, Department of Mental Diseases, from February, 1922. From June, 1920 to February, 1922, he was Assistant Superintendent at Danvers State Hospital; August, 1919, to June, 1920, Assistant Superintendent at Gardner State Colony. Previous to this last position he was Captain, Medical Corps, U. S. A., and previous to Army service was for six years senior assistant physician at Monson State Hospital, Palmer, Mass. This extensive service and training brings to the care of the Taunton Hospital one who will undoubtedly continue and promote the usefulness of this institution.

FURTHER INFORMATION REGARDING DR. ABRAMS.

Attention has been called to a letter written by President Wilbur of Stanford University to the Associated Press, a copy of which appears below and which carries a refutation of some statements which have appeared in public:

Oct. 10, 1922.

The Manager, Associated Press, Chicago, Illinois.

Dear Sir:

May I call your attention to the enclosed clippings, apparently sent out from your office, indicating that Dr. Albert Abrams is connected with Leland Stanford University. The same error has been corrected several times. Dr. Abrams has never had any association with Stanford University. He is a graduate of Cooper Medical College, which was taken over by Stanford University long after his graduation. It is evident that Dr. Abrams, or some one associated with his publicity work, has tried to keep up the fiction of his association with Stanford.

It seems to me bad enough for such a responsible institution as the Associated Press to herald far and wide the scientific rubbish of Dr. Abrams, and worse still to connect the name of the University in any way with such absurdities. If there is an opportunity in any later dispatch to correct this misstatement it would be appreciated. Naturally I realize the difficulty of ever following up such a mistake.

I should think it would be clear to the managers of the Associated Press by this time just what kind of a man they are dealing with in Dr. Abrams. Why not give publicity to some of the worth-while things that are being done in this country instead of making American science the laughing stock of the world? With the monkey gland publicity, Abrams' electronic diagnoses of male and female handwriting, and other such stuff, it is naturally confusing to all of those that are not trained in such matters.

I am writing this because I realize that there is a constant desire in the Associated Press to be accurate, conservative and constructive rather than to merely see how many lines of space can be occupied in the papers of the country. Very truly yours,

(Signed) Ray Lyman Wilbur,
President.

ANIMAL EXPERIMENTATION.

Announcement is made below of the program of the Public Meeting to be held in Ford Hall, Boston, by the Suffolk District of the Massachusetts Medical Society, on Sunday afternoon November 19th. Animal Experimentation will be discussed from the aspect not only of what it has done for Scientific Medicine but of what Scientific Medicine has done for animals. The list of speakers is itself enough to attract a large audience of physicians and of the public. The subject is one of extreme importance. Massachusetts has been relatively free from the activities of the anti-vivisectionists recently. Last year California had a popular vote on a very drastic bill introduced under the provisions of the initiative and referendum which, if it had passed, would have prevented all animal experimentation and the production of such remedies as diphtheria antitoxin.

The bill was defeated. This year in order to catch the farmer's vote and the hunter's vote the measure is modified to permit operations on domestic animals and to permit the trapping of any wild animals. It seems as if antagonism to Scientific Medicine rather than the prevention of cruelty to animals was the impelling force among those who advocate this measure.

A similar measure is this year proposed in Colorado. The results of these referenda will be known before this article is published.

It has become plain that the influence of the Medical Profession cannot by itself defeat such vicious attempts which, if endorsed, will seriously interfere with the progress of medicine and will deprive the physician of such tried and proved agents as the antitoxin for diphtheria and the serum for meningitis.

The Suffolk District is taking the first step toward educating the public on the matters included in the headings on the program. The time has come when we must rely on popular knowledge rather than on professional authority in combating ignorance and prejudice. Every physician is urged to inform his patients and friends of this very important meeting and to invite them most cordially to be present.

A Public Meeting will be held by the Suffolk District of The Massachusetts Medical Society in Ford Hall, Ashburton Place, Boston, on Sunday, November 19th, at 4 P. M. Charles W. Eliot, President-Emeritus of Harvard University will preside.

What Animal Experimentation has done for Scientific Medicine.

The value of Animal Experimentation to the Physician in his daily work,—Dr. Walter B. Cannon, Professor of Physiology, Harvard Medical School.

The Aspect of Antitoxins in Relation to Animal Experimentation,—Dr. Edwin H. Place, Physician in Chief, South Department, Boston City Hospital.

What Animal Experimentation has done for Exotic and Tropical Medicine,—Dr. Richard P. Strong, Director of the School of Tropical Medicine, Harvard University.

What Scientific Medicine has done for Animals.

The Benefit to Animals from Medical Experimentation,—Professor George H. Parker, Director of the Zoological Laboratory, Harvard University.

How Animal Experimentation has assisted in the control of Contagious Diseases among Animals,—Dr. Lester H. Howard, Director of the Division of Animal Industry.

What Scientific Medicine has done for Farm Animals,—Dr. Arthur W. Gilbert, Commissioner of Agriculture of Massachusetts.

The Public are cordially invited. No tickets will be required.

Correspondence.

COMMITTEE FOR THE PROTECTION OF ANIMAL EXPERIMENTATION.

Mr. Editor:

On December 9, 1921, the Springfield *Republican* published a letter signed by Mr. French, President

of the New England Anti-vivisection Society. In this letter Mr. French stated that in 1902 and 1903 a long list of public men in those years had signed a petition to the Massachusetts legislature for a law restricting vivisection. Among these men Mr. French included the names of Admiral Van Reypen, Butler Ames, Frank A. Day, and F. H. Gillett. The undersigned, on behalf of the Committee for the Protection of Animal Experimentation, immediately wrote to these men and received *emphatic denials* that they had ever supported the A. V. cause.

From Admiral W. K. Van Reypen: "I would state that I am not an anti-vivisectionist. I have never written but one letter on the subject and that was in reply to one received from a woman asking me to join in denouncing the cruelty to animals practised by some Washington doctors. I replied that I was opposed to cruelty to animals, but from my acquaintance with Washington doctors I did not believe that it was practised by any of them. This ended our correspondence."

From Mr. Henry B. Day: "I had no recollection of my brother being opposed to vivisection, but I thought I would talk with Mrs. Frank Day before I wrote you. I have now had a talk with her and she says most emphatically that he was not opposed to humane vivisection and in fact believed it is a great means of benefit to humanity. I see no reason why you should not use this statement in any way you see fit."

From Speaker Gillett: "Your letter received. There is not the slightest truth in any intimation by anybody that I am an opponent of vivisection. I have never given any special attention to the subject nor have I ever stated my position as for or against, but I should have to be shown a great deal more than I have been to be against it, and anybody who has made a statement about me has done it absolutely without warrant."

From Mr. Butler Ames: "My brother, Adelbert, calls my attention to a letter from you to him in which I have been put down as a supporter of the Antis. Of course, so far as I know, I have never accepted any such position nor made a statement that might be distorted to that effect. You may use this information as you see fit."

Upon this apparently excellent evidence we discredited Mr. French's assertions, in letters to the *Republican* on December 15 and December 31, and in the Third Statement of the Committee for the Protection of Animal Experimentation. Mr. French has proved, however, that Messrs. Day, Gillett, and Ames did sign such a petition although there is no such evidence in the case of Admiral Van Reypen. However, Mr. French states that the Admiral did support the bill in a letter which has now been mislaid or lost.

In justice to Mr. French who has been most patient in allowing us to examine fully into the facts, we must now admit our error and state that we do not accuse him of falsehood.

It is entirely evident, however, that the Committee acted in good faith and the fact that these men at present believe in vivisection is the only point which it is important to establish.

Signed:

T. Barbour.
J. C. Phillips.
E. Wigglesworth.

A CORRECTION.

Oct. 28, 1922.

Mr. Editor:

In the Journal of October 26, 1922, page 618, there is a squib entitled "The Diphtheria Menace," which I believe that you or any other physician familiar with the Schick toxin-antitoxin work will want corrected.

Thanking you for your coöperation, I am,

Sincerely yours,

F. X. Mahoney.
Health Commissioner.

[The error is obvious. The words "when treated with toxin-antitoxin" should have been omitted. The Journal has so many times referred to the Schick test and brought out the process of immunization by the use of toxin-antitoxin that we trust the readers will pardon a mechanical error.—Editor.]

Obituaries.

JOHN STANDISH FOSTER BUSH, M.D.

Dr. John Standish Foster Bush, a retired Fellow of the Massachusetts Medical Society, died at Hartford, Conn., October 20, 1922, at the age of 72.

The son of the Rev. Solon W. and Theoda Foster Bush, he was born in Burlington, Vt., June 4, 1850. He was educated in the Burlington schools and at Roxbury Latin School, his parents having moved to Boston when he was 14 years old. After taking courses at the Massachusetts Institute of Technology he entered Harvard Medical School, graduating in 1874. He served as house officer at the Massachusetts General Hospital and settled in practice in Boston, where he was surgeon to the Boston Dispensary for many years and conducted a large private practice. Dr. Bush was prominent in Masonic circles and was past commander of St. Bernard Commandery, K. T., and later grand treasurer and supreme representative of the Grand Council of the Legion of Honor of Massachusetts. He had lived in Andover and Winchendon since his retirement some ten years ago.

In 1875 he married Miss Josephine M. Mason, who with two daughters survives him.

THOMAS FRANCIS GREENE, M.D.

Dr. Thomas F. Greene, a prominent practitioner of Roxbury, died at his home following a collapse while touring in western Massachusetts a few weeks ago, on October 24, 1922, at the age of 60.

Dr. Greene was born in New Haven, Conn., had his education at the public schools of that city, came to Boston, and became a proofreader on the Boston *Herald*. In time he entered Tufts College Medical School, receiving there an M.D. in 1894, and settling in practice in Roxbury, where of late he had lived with his brother, Dr. William H. Greene, both Fellows of the Massachusetts Medical Society.

He married Miss Lillian Keeler, who died several years ago. One daughter survives them.

Dr. Greene was connected with St. Mary's Infant Asylum, St. Margaret's Hospital and the Hart Private Hospital, devoting much of his attention to the practice of obstetrics. After

the year 1914 he was a Councilor of the state medical society; in the year 1916 he was president of the Norfolk District Medical Society. He was prominent in the Knights of Columbus, being a grand knight of Rose Croix Council.

Among his memberships were numbered the Catholic Union, the Young Men's Catholic Association, the Franklin Typographical Society, the International Typographical Union, the Boston Lodge of Elks, the Roxbury Historical Society and the American Medical Association.

AMERICAN COLLEGE OF SURGEONS.

New members admitted to Fellowship from the New England States October 27, 1922:

MAINE.

Sullivan L. Andrews, Lewiston; Daniel Alden Barrell, Auburn; Charles Bell, Strong; Sherman W. Boone, Presque Isle; Charles L. Cragin, Portland; Benjamin G. W. Cushman, Auburn; E. Eugene Holt, Jr., Portland; Daniel McCann, Bangor; Frederick W. Mitchell, Houlton.

MASSACHUSETTS.

Arthur W. Allen, Boston; Conrad Bell, Waltham; Richard S. Benner, Springfield; Charles S. Benson, Haverhill; George A. Buckley, Brockton; Ernest G. Crabtree, Boston; George D. Cutler, Boston; Eugene A. Darling, Cambridge; Isaac S. F. Dodd, Pittsfield; Louis M. Freedman, Boston; George L. Gabler, Holyoke; James Murry Gallison, Boston; Edwin D. Gardner, New Bedford; Harry Homer Germain, Boston; Frederic Hagler, Springfield; Torr Wagner Harmer, Boston; Thomas P. Hennelly, Pittsfield; Delbert L. Jackson, Boston; Francis T. Jantzen, Boston; Holder C. Kirby, New Bedford; John H. Lambert, Lowell; Peirce H. Leavitt, Brockton; Arthur T. Legg, Boston; Albert Fay Lowell, Gardner; Alverne P. Lowell, Fitchburg; Donald Macomber, Boston; Charles D. McCann, Brockton; Richard H. Miller, Boston; William R. Morrison, Boston; Brace W. Paddock, Pittsfield; John H. Payne, Boston; Grace E. Rochford, Boston; Edward B. Sheehan, Boston; Edward A. Supple, Boston; John B. Thomes, Pittsfield; Henry Tolman, Salem; William J. Walton, Boston; Frank Hall Washburn, Holden; Philip D. Wilson, Boston; Edward L. Young, Jr., Boston.

VERMONT.

William Lindsay, Montpelier; Michael F. McGuire, Montpelier.

CONNECTICUT.

Walter L. Barber, Jr., Waterbury; Jerome S. Chaffee, Sharon; Ansel G. Cook, Hartford; Dean Foster, Stamford; Daniel C. Patterson, Bridgeport; Richard F. Rand, New Haven; Edward R. Roberts, Bridgeport; Joseph E. Root, Hartford; Dorland Smith, Bridgeport; Edward A. Stratton, Danbury; Raynham Townshend, New Haven; David M. Trecartin, Bridgeport; Henry E. Waterhouse, Bridgeport.

RHODE ISLAND.

Martin S. Budlong, Providence; Ira Hart Noyes, Providence.

NEW HAMPSHIRE.

Eugene B. Eastman, Portsmouth; Ezra A. Jones, Manchester; Thomas W. Luce, Portsmouth; Louis B. Marcou, Berlin; Wellington A. Thompson, Manchester.

PROGRAMS FOR HOSPITAL CLINICS DURING CANCER WEEK, NOV. 12 TO 18, 1922.

CARNEY HOSPITAL.

Monday, November 13, 1922,
9:30 A. M.

Gynecological Operations and Demonstrations of End-Results: Dr. F. W. Johnson and Dr. L. E. Phaneuf.

Surgical Operations and Demonstrations of End-Results: Dr. J. T. Bottomley, Dr. D. F. Mahoney and Dr. A. McK. Fraser.

THE PETER BENT BRIGHAM HOSPITAL.

AMPHITHEATRE, OPERATING BUILDING,
10 A. M. to 12 M.,
Tuesday, November 14, 1922.

The Pathology of Malignant Disease in Relation to Age: Dr. Wolbach.

The Treatment of Malignant Disease of the Prostate and Bladder: Dr. Quinby.

Malignant Disease of the Central Nervous System: Dr. Cushing.

Symptomatology of Cancer of the Alimentary Tract and Its Operability: Mouth to Pylorus: Dr. Cheever. Large Intestine and Rectum: Dr. Homans.

Recent Advances in the X-Ray Treatment of Malignant Disease: Dr. Sosman.

OPERATIVE CLINIC DURING THE MORNING.

COLLIS P. HUNTINGTON MEMORIAL HOSPITAL.

Tuesday, November 14, 1922.
Free Special Clinic, 3 to 4.30.

2:30 P. M.

The Cancer Commission of Harvard University,
Dr. R. B. Greenough.
Radium in the Treatment of Disease,
Dr. William Duane.
Cancer of the Skin,
Dr. L. S. McKittrick.
The State Free Diagnosis Service,
Dr. J. H. Wright.
Cancer of the Buccal Cavity,
Dr. C. C. Simmons.
Cancer of the Uterus,
Dr. G. A. Leland, Jr.
Laboratory Work in Bio-Physics,
Dr. W. T. Bovie.
Radium in the Treatment of Leukaemia,
Dr. G. R. Minot.
Radium in the Treatment of Cancer of the Genito-Urinary Organs,
Dr. G. G. Smith.
The Treatment of Cancer of the Nose, Throat and Accessory Sinuses,
Dr. D. C. Greene.

THE BOSTON DISPENSARY.

Thursday, November 16, 1922,
9 to 10:30 A. M.

Free clinic to which patients who have or think they have cancer may come for examination and advice without charge.

12 M.

Demonstration of Cases and Methods of Diagnosis, Particularly of Cancer of the Gastro-intestinal Tract: Dr. William E. Preble and associates.

Cancer as an Out-Patient Problem: Dr. Hilbert F. Day.

Cancer of Mouth, Nose and Throat: Dr. Harry J. Inglis.

Cancer to the Pathologist: Dr. William A. Hinton.

Malignancy in the Eye: Dr. Joseph J. Skirball.

Skin Cancers and Their Treatment by Radium: Dr. Henry J. Perry.

X-ray plates illustrating the subject will be on exhibition in the X-Ray Department (Dr. Hermann N. Osgood).

Light refreshments.

MASSACHUSETTS GENERAL HOSPITAL.

Free Special Clinic, Monday, November 13—2-3.30.

SURGICAL AMPHITHEATRE,
Friday, November 17, 1922,
10 A. M.

10:00—The Control of Cancer: Dr. R. B. Greenough.
10:15—Cancer of the Skin: Dr. C. J. White.
10:30—Cancer of the Lip and Mouth: Dr. C. C. Simmons.
10:45—Cancer of the Nose and Throat: Dr. D. C. Greene.
11:00—Cancer of the Stomach: Dr. C. L. Scudder.
11:15—Cancer of the Colon and Rectum: Dr. E. P. Richardson, Dr. L. S. McKittrick.
11:30—Cancer of the Breast: Dr. R. B. Greenough.
11:45—Cancer of the Uterus: Dr. Lincoln Davis.
12:00—Cancer of the Genito-Urinary Organs: Dr. J. D. Barney.
12:15—The X-Ray Therapy of Cancer: Dr. G. W. Holmes.

BOSTON CITY HOSPITAL.

CHEEVER SURGICAL AMPHITHEATRE.
Saturday, November 18, 1922,
10:30 A. M. to 12 M.

In coöperation with the Cancer Week Campaign of the American Society for the Control of Cancer, the following symposium will be held in the Cheever Surgical Amphitheatre. Physicians, students and nurses are welcome.

The Pathologist's Conception of Cancer: Dr. F. B. Mallory.

Early Recognition of Uterine Cancer: Dr. R. M. Green.

Roentgen Differentiation of Gastric Malignancy and Chronic Ulcer: Dr. F. P. Butler.

Premalignant and Early Malignant Skin Lesions: Dr. T. W. Thorndike.

Symptoms Suggesting Concealed Malignancy: Dr. R. C. Larrabee.

Detection of Malignancy of the Genito-Urinary Tract: Dr. H. H. Howard.

Radium and X-Ray: Indication for Their Use: Dr. Herman Osgood.

Surgical Procedures for Removal of Malignant Growths: Dr. Halsey Loder.

JOINT MEETING OF THE NEW ENGLAND ROENTGEN RAY AND NEW ENGLAND LARYNGOLOGICAL SOCIETIES.

These societies will meet on November 10 next at the Boston Medical Library. Papers will be presented by Dr. Charles S. Stokes of New York City and Dr. W. D. Witherbee of New York City. Refreshments will be served after the meeting.

A. S. MERRILL, M.D.,
Secretary, N. E. Roentgen Ray Society.

WOMEN FOR SHEPPARD-TOWNER BILL.—The Maine League of Women Voters has, according to the papers, adopted a resolution favoring the Sheppard-Towner bill. The Governor has placed himself on record as opposing this measure.

DR. OSCAR M. SCHLOSS will speak on Ketosis in Infants and Children in the Section of Pediatrics, N. Y. Academy of Medicine, Nov. 9, 1922.

HARVARD MEDICAL ALUMNI ASSOCIATION.

NOTICE OF MEETING.

The Council of the Association, at a meeting held on October 31, 1922, has voted to call a regular meeting of the Association for Monday, November 20, in the faculty room of the Harvard Medical School, at 12.30 P. M., for the purpose of acting upon the following recommendations passed by the Council, to wit:

1. "That Section 1, Article III, of the constitution be amended to read that 'Each graduate of the Harvard Medical School shall become *ipso facto* a member of the Harvard Medical Alumni Association.'"
2. "That Section 4, Article III, be amended by adding the following sentence: 'All members of the teaching staff of the Harvard Medical School shall during their term of service be considered honorary members of the Harvard Medical Alumni Association.'"

FRANCIS M. RACKEMANN, M.D., *Secretary.*

SOCIETY MEETINGS.

DISTRICT SOCIETIES.

A list of society meetings is herewith published. This list will be changed on information furnished by the secretaries of the societies, and will appear in each issue.

Barnstable District:—Hyannis,—February 2, 1923, (Annual Meeting)—May 4, 1923.

Bristol South District:—Fall River,—May 3, 1923.

Essex North District:—Haverhill, (Semi-Annual Meeting)—Jan. 3, 1923. Y. M. C. A. Building, Lawrence, (Annual Meeting)—May 2, 1923.

Suffolk District:—Combined meeting of Boston Medical Library and Suffolk District, November 22, 1922; December 27, 1922; January 31, 1923; February 28, 1923; March 28, 1923; Annual Meeting, April 25, 1923.

The Springfield Academy of Medicine meets the second Tuesday of each month. Schedule of speakers includes the following names: Dr. Alexis Carrel, Dr. W. B. Long, Dr. J. W Williams, Dr. W. S. Thayer, and Dr. Barton Cooke, Hist. The date for each speaker has not been assigned.

Middlesex North District:—Meetings; Wednesday, January 31, 1923.

Worcester District meetings in Worcester, Dec. 13, 1922, Jan. 10, Feb. 14, March 14, April 11 and May 9, 1923, the last named date being the annual meeting.

STATE, INTERSTATE AND NATIONAL SOCIETIES.

November, 1922. Massachusetts Society of Examining Physicians, (Date and place of meeting undecided), Hilbert F. Day, Secretary. National Cancer Week, November 12 to 18.

November 10, 1922. Joint meeting of the New England Roentgen Ray Society and the New England Laryngological Society at the Boston Medical Library.

December, 1922. New England Dermatological Society Meeting, Wednesday, December 13, 1922, at 3.30 P. M., in the Surgical Amphitheatre, Boston City Hospital, C. Guy Lane, Secretary.

December 26-30, 1922. American Association for Advancement of Science meets in Boston.

January, 1923. Massachusetts Society of Examining Physicians, (Date and place undecided), Hilbert F. Day, Secretary. Massachusetts Association of Boards of Health, January 25, Annual Meeting, Boston, W. H. Allen, Mansfield, Mass., Secretary.

February, 1923. New England Dermatological Society Meeting, February 14, 1923, at 3.30 P. M., in the Skin Out-Patient Department, Massachusetts General Hospital, C. Guy Lane, Secretary.

March, 1923. Massachusetts Society of Examining Physicians, (Date and place undecided), Hilbert F. Day, Secretary.

April, 1923. New England Dermatological Society Meeting, April 11, 1923, at 3.30 P. M., in the Surgical Amphitheatre, Boston City Hospital, C. Guy Lane, Secretary. Massachusetts Association of Boards of Health, April 26, 1923, Boston, W. H. Allen, Mansfield, Mass., Secretary.

May, 1923. Massachusetts Society of Examining Physicians, (Date and place undecided). American Pediatric Society Meeting, May 31, June 1 and 2, 1923, at French Lick Springs Hotel, French Lick, Ind., H. C. Carpenter, Secretary.

June, 1923. American Medical Association, San Francisco, June 25-29, 1923, Alexander R. Craig,* Chicago, Ill., Secretary.

July, 1923. Massachusetts Association of Boards of Health, July 26, Nantasket, W. H. Allen, Mansfield, Mass., Secretary.

*Deceased Sept. 2, 1922.